

Case Number:	CM14-0072759		
Date Assigned:	09/18/2014	Date of Injury:	11/12/2009
Decision Date:	10/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female with date of injury 11/12/09. The treating physician report dated 1/8/14 indicates that the injured worker presents with left shoulder pain status post 2 left shoulder surgeries, most recently in March 2011. She is using Naproxen for pain relief and is able to tolerate usage with use of Protonix. The physical examination findings state that she is in no cardiorespiratory distress, she is not drowsy, lethargic or confused and her speech, insight and judgment are normal. The current diagnoses are: pain in joint shoulder s/p left shoulder arthroscopy 3/24/11 and pain in joint shoulder. The utilization review report dated 5/8/14 denied the request for Protonix 20mg #60 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Pantoprazole- Protonix 20mg #60 DOS: 01/08/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of Dyspepsia Secondary to NSAID Therapy Page(s): 69.

Decision rationale: The injured worker presents with chronic left shoulder pain following arthroscopic surgery. The current request is for Retrospective Pantoprazole- Protonix 20mg #60 DOS: 01/08/14. In reviewing the treating physician report dated 1/8/14 the treating physician has documented that the injured worker is stable on Naproxen for pain relief and requires Protonix to tolerate the NSAID usage. The MTUS guidelines recommend Protonix for the treatment of dyspepsia secondary to NSAID therapy. In this case the injured worker has decreased dyspepsia as a result of Protonix usage. The request for Retrospective Pantoprazole-Protonix 20mg #60 DOS: 01/08/14 is medically necessary.