

Case Number:	CM14-0078214		
Date Assigned:	07/18/2014	Date of Injury:	09/09/2010
Decision Date:	09/17/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 61 year-old male with a history of a work injury with date of injury of 09/09/10 while working as a correctional officer. When seen on 12/28/12 he had a past medical history of hypertension, hepatitis, diabetes, sleep apnea, and kidney stones. He was seen by the requesting provider on 05/27/14. He was having bilateral knee and neck pain rated at 6-7/10. Physical examination findings included left elbow tenderness and decreased cervical spine range of motion. Trazodone 50 mg #60, Bupropion ER 150 mg #60, and Protonix 20 mg #60 were prescribed. Tramadol ER and Norco 10/325 mg had been denied. He was seen on 06/25/13. The assessment references an upper GI series as having shown a small hiatal hernia and mild Gastroesophageal reflux disease (GERD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg # 60 to treat stomach upset from taking medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti-inflammatory drugs, gastrointestinal symptoms and cardiovascular risk
Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list& adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic neck pain, knee pain, and left elbow pain. Guidelines recommend an assessment of gastrointestinal (GI) symptoms and cardiovascular risk when non-steroidal anti-inflammatory drugs (NSAIDs) are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is not taking a non-steroidal anti-inflammatory medication. Guidelines do not recommend that a proton pump inhibitor such as Protonix (Pantoprazole) be prescribed.