

Case Number:	CM14-0078392		
Date Assigned:	07/18/2014	Date of Injury:	01/11/2011
Decision Date:	09/23/2014	UR Denial Date:	05/01/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 58-year-old male who was reportedly injured on 1/11/2011. The mechanism of injury is noted as a work related injury while washing cars. The most recent progress note dated 5/8/2014. Indicates that there are ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated lumbar spine: antalgic gait, extension 20, flexion 60, and bilateral lateral bending 15. Motor strength 5/5 bilateral lower extremities. Pain with tenderness to touch over the lower lumbar facets. Positive facet loading with pain. No recent diagnostic studies are available for review. Previous treatment includes right carpal tunnel surgery, left elbow surgery, physical therapy, and medications. A request was made for Protonix and was not certified in the pre-authorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix, Retro Request, Date of Service 4/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented Gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. After review of the medical records provided the treating physician states that the use of the PPI is for prophylactic treatment. As such, Pantoprazole-protonix, Retro Request, Date of Service 4/2/14 is not medically necessary.