

Case Number:	CM14-0176340		
Date Assigned:	10/29/2014	Date of Injury:	03/29/2014
Decision Date:	02/25/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 56year old man with a work related injury dated 3/29/14 resulting in chronic pain of the back and shoulder. Past treatment had included physical therapy, and oral analgesics including flexeril, voltaren and Norco. The diagnosis includes sprain/strain lumbar and sprain/strain shoulder. The patient was evaluated on 9/15/14 by the primary provider. He complained of continued shoulder pain with weakness and back pain. The plan of care was Voltaren, Protonix and Norco. The Protonix was prescribed for gastritis associated with an NSAID. Under consideration is the medical necessity of the continued use of protonix for the use of gastritis associated with use of an NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg twice (x2) daily, number sixty (60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors (PPIs)

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

Decision rationale: According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The documentation doesn't support that the patient is high risk for adverse gastrointestinal events. The use of a proton pump inhibitor, Protonix is not medically necessary.