

Case Number:	CM14-0206741		
Date Assigned:	12/18/2014	Date of Injury:	03/01/2004
Decision Date:	02/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, 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:

58 yr. old male claimant sustained a work injury on March 1, 2004 sustained a work injury on 11/5/14 involving the neck, back, left shoulder, left elbow and both wrists. He was diagnosed with left shoulder impingement, back sprain, bilateral carpal tunnel syndrome, internal derangement of the left knee and chronic wrist pain. An MRI of the cervical spine in October 2014 showed disc bulging at C-5 - C7 with multilevel arthritis. A progress note on November 5, 2014 indicated the claimant had persistent neck pain and knee pain. Exam findings were notable for tenderness in the paraspinal muscles with facet loading in the cervical and lumbar spine. The physician requested claimant continues Ultracet, Protonix for stomach protection and Nalfon for inflammation. The claimant had been on NSAIDs and proton pump inhibitors since at least January 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required the use of proton pump inhibitors to protect the stomach while on Nalfon. Continued use of Nalfon is not medically necessary.

Protonix 20 mg, sixty count: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Protonix is not medically necessary.