

Case Number:	CM15-0106323		
Date Assigned:	06/10/2015	Date of Injury:	01/15/2014
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female, who sustained an industrial injury on 1/15/14. The injured worker has complaints of neck, back and right upper extremity pain. The documentation noted that the injured worker had tenderness of the right shoulder. The diagnoses have included cervicalgia and thoracic and cervical sprain. Treatment to date has included physical therapy; right shoulder X-rays were unremarkable; acupuncture; magnetic resonance imaging (MRI) of the cervical spine on 10/11/14 was negative; cervical facet blocks; trigger point injections; norco; baclofen; vicodin and soma and electromyography/nerve conduction study reveals mild right cubital tunnel syndrome. The request was for pantoprazole-protonix 20mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg Qty: 60.00: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for neck and right upper extremity pain including a diagnosis of thoracic outlet syndrome. When seen, review of systems was negative for gastrointestinal problems. There was restriction of the scalene muscles. The claimant was not being prescribed a non-steroidal anti-inflammatory medication. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when considering use of a proton pump inhibitor such as Protonix when non-steroidal anti-inflammatory medications are used. In this case, the claimant is not being prescribed a non-steroidal anti-inflammatory medication and therefore a proton pump inhibitor such as Protonix is not medically necessary.