

Case Number:	CM15-0109221		
Date Assigned:	06/15/2015	Date of Injury:	01/11/2011
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 11, 2011. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced an April 23, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In a December 15, 2014 progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, and scapular pain. The applicant was returned to regular duty work. The applicant had received 14 sessions of acupuncture, it was stated. Topical Terocin patches were endorsed. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. In a June 3, 2015 RFA form, acupressure and Protonix were endorsed. In an associated work status report of the same date, the applicant was returned to regular duty work. In a progress note of June 3, 2015, the attending provider seemingly stated that the applicant was employing Protonix for cytoprotective effect as opposed to for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his June 3, 2015 progress note that the applicant was employing Protonix for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was less than 65 years of age (age 62), was only using one NSAID, Advil, was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroid injections, and had no known history of GI bleeding or peptic ulcer disease. Prophylactic use of Protonix was not, thus, indicated here. Therefore, the request was not medically necessary.