

Case Number:	CM15-0181604		
Date Assigned:	09/22/2015	Date of Injury:	10/08/2013
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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 49-year-old who has filed a claim for chronic hand and shoulder pain reportedly associated with an industrial injury of October 8, 2013. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced an RFA form and an associated progress note of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On April 29, 2015, the applicant reported ongoing complaints of shoulder and bilateral wrist pain. The applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. In a handwritten progress note dated August 12, 2015, difficult to follow, not entirely legible, the applicant reported constant bilateral wrist and bilateral shoulder pain. The note was difficult to follow and not altogether legible. Naprosyn and Protonix were endorsed. The attending provider stated on this date that the applicant was not getting adequate relief of gastritis from Prilosec and therefore suggested introduction of Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Yes, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here on or around the date of the request, August 12, 2015. Introduction of Protonix, thus, was indicated to ameliorate the same, particularly in light of the fact that the attending provider suggested that previously prescribed Prilosec had proven ineffectual. Therefore, the request is medically necessary.