

Case Number:	CM15-0184156		
Date Assigned:	10/15/2015	Date of Injury:	09/19/2007
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 59 year old female with a date of injury of September 19, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discogenic condition, bilateral shoulder impingement, bilateral carpal tunnel syndrome, and chronic pain syndrome. Medical records (August 26, 2015) indicate that the injured worker complained of quite a bit of stomach discomfort while taking Etodolac (dosages and duration of treatment not indicated). A progress note dated January 28, 2015 noted complaints of gastroesophageal reflux disease, and that the injured worker was receiving Protonix and Etodolac from her primary care physician. The physical exams (January 28, 2015 and August 26, 2015) did not document any abdominal findings. Treatment has included medications (Norco, Wellbutrin, Topamax, history of Protonix last noted in January of 2015). The original utilization review (September 9, 2015) non-certified a request for Protonix 20mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Protonix 20mg #60 with 2 refills: Upheld

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 based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in September 2007 and is being treated for neck, mid back, right shoulder and elbow pain and right carpal tunnel syndrome. Medications have included etodolac causing gastric upset. When seen, her primary care provider had prescribed etodolac, which was causing quite a bit of stomach discomfort. Physical examination findings included lumbar muscle and facet tenderness with positive facet loading. Medications were prescribed including Protonix 20 mg #60. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take etodolac at the recommended dose and has a history of gastrointestinal upset. However, Protonix (pantoprazole) is not a first-line agent and the claimant had previously been prescribed Prilosec, which would be a formulary medication. The request is not medically necessary.