

Case Number:	CM15-0184424		
Date Assigned:	09/24/2015	Date of Injury:	12/16/2013
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old male who sustained an industrial injury on 12-15-2013. Current diagnoses include discogenic cervical condition with broad disc protrusion, impingement syndrome of the shoulder on the right, thoracic sprain, discogenic lumbar condition with radicular component down the left lower extremity, and due to pain and activity, the injured worker has an element of 30 pounds of weight gain as well as issues with stress and depression. Report dated 07-20-2015 noted that the injured worker presented with complaints that included neck pain, right shoulder pain, low back pain, and headaches secondary to neck pain. Pain level was not included. Physical examination performed on 07-20-2015 revealed tenderness along the lumbar paraspinal muscles, antalgic gait, and uses a cane for ambulation. Previous treatments included medications, chiropractic treatments, and cognitive behavioral therapy. The treatment plan included requests for medications which included Flexeril, gabapentin, Naproxen, Protonix for upset stomach, and Tramadol ER, and follow up in 4 weeks. The injured worker is released to work eight hours per day with restrictions. The injured worker has been prescribe Protonix since at least 02-2015. The utilization review dated 08-26-2015, non-certified the request for Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: 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 rationale: This 48 year old male has complained of neck pain, right shoulder pain and thoracic spine pain since date of injury 12/15/2013. He has been treated with medications, chiropractic therapy and cognitive behavioral therapy. The current request is for Protonix. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Protonix is not indicated as medically necessary in this patient.