

Case Number:	CM15-0203002		
Date Assigned:	10/19/2015	Date of Injury:	04/11/2012
Decision Date:	12/04/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 45 year old female who reported an industrial injury on 4-11-2012. Her diagnoses, and or impressions, were noted to include: neck pain; cervicobrachial syndrome; pain in the thoracic spine and pin in the shoulder joint. No current imaging studies were noted; magnetic resonance imaging of the thoracic spine was said to be done on 7-3-2014, the cervical spine on 6-5-2012, and reported x-rays of the cervical spine to have been done around 4-11-2012. Her treatments were noted to include: a qualified medical evaluation; graduation from the [REDACTED] functional restoration program; a history of medication management; and rest form work. The appeal progress notes of 9-2-2015 reported: neck, thoracic and right shoulder pain, with her shoulder pain being severe, worsening with raiding of her arm and pushing-pulling at or above her shoulder level; and of an associated symptom of sleeplessness secondary to chronic pain. The objective findings were noted to include: significant pain to palpation over the mid-thoracic spine; tenderness along the anterior-posterior aspects of the left shoulder joint with abduction to about 170 degrees, flexion with pain, the inability to touch her back, and positive bilateral Hawkins sign. The physician's appeal was noted to include Protonix for complaints of constipation, nausea and a history of gastric side-effects secondary to the user of non-steroidal anti-inflammatories, and was currently using Naproxen. The progress notes of 8-11-2015 noted that she had not had any medications for nearly a year and would have benefited from having them as she went through the functional restoration program; no mention of a history of, or current complaints of gastrointestinal issues; and that her current medication regimen included Protonix DR 20 mg, 1 twice daily for stomach-estomago. No Request for

Authorization for Protonix DR 20 mg, #60 with 1 refill was noted in the medical records provided. The Utilization Review of 9-11-2015 non-certified the request for Protonix DR 20 mg, #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix DR 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has a risk for gastrointestinal events with NSAID use. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix DR 20mg #60 with 1 refill is not medically necessary.