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| Case Number: | CM15-0203273 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 08/08/2010 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/15/2015 |
| 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: 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 56-year-old who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of August 8, 2010. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for Relafen and Protonix. The claims administrator referenced a September 2, 2015 office visit and an associated September 8, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On October 14, 2015, it was stated that the applicant was working fulltime despite ongoing complaints of bilateral upper extremities and left shoulder pain, stated in one section of the note. In another section of note, it was stated that certain shoulder movements were "debilitating." The applicant was apparently considering shoulder surgery, it was reported. The attending provider then stated that Relafen was attenuating the applicant's symptoms and complaints of shoulder pain. The applicant's past medical history was notable for reflux, diabetes, and sleep apnea, it was reported. The applicant was using Relafen, Protonix, Advil, losartan, and metformin, the treating provider reported. Relafen was refilled. The attending provider stated that Protonix was effectively attenuating issues with Relafen-induced reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg take 1 tablet daily #60 (ms): Overturned

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

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 around the date in question, October 14, 2015. The attending provider reported that ongoing usage of Protonix had ameliorated issues with NSAID-induced dyspepsia on that date. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Nabumentone-relafen 500mg take 1 tablet every 12 hours #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Similarly, the request for Relafen, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medication such as Relafen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. Here, the attending provider reported on October 14, 2015 that ongoing usage of Relafen had effectively curtailed the applicant's symptoms of shoulder pain and was facilitating the applicant's return to and/or maintenance of full time, regular duty work status. Continuing the same, on balance, was indicated, given the applicant's seemingly successful response to the same. Therefore, the request was medically necessary.