

Case Number:	CM15-0203295		
Date Assigned:	10/20/2015	Date of Injury:	03/20/2014
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
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 51-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of March 20, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request an intravenous Protonix solution. A September 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 4, 2015 office visit, the applicant reported ongoing complains of neck, low back, and shoulder pain. The applicant was using Norco, marijuana, albuterol, Motrin, and oral Protonix, the treating provider reported in one section of the note. The attending provider stated that introduction of Protonix had effectively attenuated the applicant's issues with reflux, reportedly induced by Motrin usage. Protonix, Motrin, and Norco were seemingly renewed. The applicant's work status was not detailed, although it did not appear that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40 MG IV Solution #30 with 2 Refills: 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, the 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 in question. The applicant reported issues with Motrin-induced dyspepsia on the September 14, 2015 office visit and, furthermore, stated that introduction of Protonix had effectively attenuated the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.