

Case Number:	CM15-0031771		
Date Assigned:	02/25/2015	Date of Injury:	06/13/2013
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 06/13/2013. The mechanism of injury was not stated. The current diagnoses include pain in a joint of the shoulder region, neck pain, unspecified major depression, pain in a joint of the upper arm, anxiety, pain in a joint of the forearm, and psychogenic pain. The injured worker presented on 02/12/2015 with complaints of chronic right shoulder and right upper extremity pain. The injured worker also reported significant pain in the right elbow. It was noted that the injured worker had been issued approval of 8 physical therapy sessions for the elbow. The injured worker was also denied authorization for 8 follow-up sessions with a psychologist. The injured worker denied hallucinations and reported an improvement in symptoms with the use of Cymbalta. Additional medications included naproxen 550 mg, Protonix 20 mg, docusate 100 mg, orphenadrine 100 mg, Gabapentin 600 mg, Norco 10/325 mg, and mirtazapine 15 mg. Upon examination, there was normal muscle tone without atrophy in the upper and lower extremities. There was no edema or tenderness palpated in any extremity. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, the request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.