

Case Number:	CM15-0043610		
Date Assigned:	03/13/2015	Date of Injury:	05/22/2012
Decision Date:	04/16/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 injured worker is a 36 year old male who sustained an industrial injury on 5/22/12. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having lateral epicondylitis, right elbow sprain and sprain of shoulder/arm. Treatments to date have included status post right lateral epicondylectomy on 11/27/12, physical therapy, activity modification, home exercise program, ice application, non-steroidal anti-inflammatory drugs, and injections. Currently, the injured worker complains of right elbow pain. The plan of care was for medication prescription, orthopedist referral and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI Symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, PPI's.

Decision rationale: MTUS Guidelines do not recommend the routine use of PPI's (Protonix) unless there are specific risk factors or symptoms. These conditions are not documented to be present in this individual. The AME evaluator documents that he is not utilizing medications, as they were not beneficial. In addition, both MTUS and ODG Guidelines recommend Omeprazole as a first line drug and Protonix be utilized only as a second line drug if there is failure of Omeprazole. These are not benign medications with long-term use associated with increased fracture, lung infections and dysregulation of biological minerals.