

Case Number:	CM15-0044695		
Date Assigned:	03/16/2015	Date of Injury:	09/09/2013
Decision Date:	04/22/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/10/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 63 year old female, who sustained an industrial injury on 9/9/2013. She reported cumulative trauma from prolonged sitting. The injured worker was diagnosed as having brachial neuritis, cervical radiculitis with multilevel degenerative disc disease and lumbar radiculopathy with multilevel degenerative disc disease. Treatment to date has included chiropractic care, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/19/2015 indicates the injured worker reported neck pain and stiffness and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain -Proton Pump Inhibitors.

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

Decision rationale: MTUS guidelines support use of H2 blocker for patients with demonstrated sensitivity to NSAIDS or documented h/o GERD or gastritis. The medical records do not indicate h/o GI related symptoms with NSAID use or h/o GERD or gastritis. As such the records do not support use of omeprazole for the insured congruent with MTUS guidelines.