

Case Number:	CM15-0045894		
Date Assigned:	03/18/2015	Date of Injury:	07/12/2012
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 69 year old female, who sustained an industrial injury on 7/12/2012. The current diagnoses are right ankle sprain with residual ligamentous pain, degenerative arthritis of the right ankle, spondylolisthesis C4-C5 and C6-C7, as well as T1-T2, stenosis T2-T3, C3-C7, carpal tunnel syndrome, right greater than left, C3-C7 disc space collapse with spondylosis C4-C7, disc space collapse throughout the lumbar spine, lumbar spine strain, and right shoulder impingement syndrome. According to the progress report dated 2/24/2015, the injured worker complains of neck pain with associated headaches that radiates down the right shoulder. The pain is rated 4-5/10 with medications and 5-7/10 without. Additionally, she reports mid back pain, low back and waist pain, and right ankle pain. The current medications are Protonix, Ultram, Glipizide, and Metformin Treatment to date has included medication management, EMG, and physical therapy. Per notes, she has failed to improve with conservative care, but does not want to consider surgical intervention at this time. The plan of care includes Protonix and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 69 year old female with an injury on 07/12/2012. She has neck, shoulder, ankle and back pain. Protonix is a proton pump inhibitor. She is over the age of 65 and is at a high risk for GI bleeding. She meets MTUS criteria for medical necessity of a proton pump inhibitor. Protonix is medically necessary for this patient.