

Case Number:	CM15-0052290		
Date Assigned:	03/25/2015	Date of Injury:	01/07/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male injured worker suffered an industrial injury on 01/07/2014. The diagnoses included recurrent and left elbow triceps tendon avulsion and recurrent left elbow infection. The injured worker had been treated with orthopedic surgeries and debridement's to the left elbow. On 02/16/2015 the treating provider reported dyspepsia with episodic epigastric pain. The treatment plan included Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tab 20mg 1 twice/day #60; Retro request for DOS 02/16/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for left elbow pain. Medications include Voltaren XR 100 mg per day.

The treating provider documents dyspepsia due to medications. Guidelines recommend consideration of a proton pump inhibitor such as Protonix (pantoprazole) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Voltaren XR at the recommended dose and has a history of gastrointestinal upset. Therefore the requested Protonix is medically necessary.