

Case Number:	CM15-0081797		
Date Assigned:	05/04/2015	Date of Injury:	04/03/2014
Decision Date:	06/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 4/03/2014. He reported a slip and fall with injury to his neck, back, right hand, right knee, and right shoulder. The injured worker was diagnosed as having impingement syndrome, bicipital tendonitis, and acromioclavicular joint inflammation with magnetic resonance imaging showing partial rotator cuff tear, bursitis, and spurring along the acromioclavicular joint. Treatment to date has included diagnostics, chiropractic, physical therapy, and medications. Currently, the injured worker complains of right shoulder pain, rated 8/10. His past medical history included hypertension. Gastrointestinal symptoms were not noted. The treatment plan included Topamax, Naproxen, Protonix, Tramadol ER, Flexaril, and Lunesta.

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 Non Steroidal Anti Inflammatory Drugs Page(s): 68.

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

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there the claimant was on 2 NSAIDs at one point. Although there was GI upset there was no indication for continued use of NSAIDS while symptoms persist and manage with a PPI. Therefore, the continued use of Protonix is not medically necessary.