

Case Number:	CM14-0146151		
Date Assigned:	09/12/2014	Date of Injury:	03/29/2014
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male, who has submitted a claim for right shoulder impingement condition with probable rotator cuff defect; lumbar and thoracic strains, associated with an industrial injury date of March 29, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in his right shoulder radiating down to his back. Physical examination of the cervical spine showed tenderness on the trapezius, with minimal tenderness on the right-sided parathoracic muscle. Examination of the right shoulder revealed tenderness over the right rotator cuff, below the acromioclavicular joint, over the proximal biceps and posterior surface of the right shoulder. Range of motion (ROM) was restricted on the right side. Impingement test, Hawkins-Kennedy Test and cross-arm adduction test was positive on the right shoulder. Examination of the lumbosacral spine revealed tenderness from L1 to sacrum. Treatment to date has included home exercise program. Motrin. Polar frost, Flexeril, Voltaren, Norco, etodolac and chiropractic therapy. Utilization review from August 13, 2013 denied the request for retrospective request for Protonix 20mg because the medical necessity for its GI protectiveness has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Protonix 20 mg, QTY: 60, for the service date of 07/28/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: As stated on pages 68-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, only patients who are at intermediate risk for gastrointestinal events are given a PPI. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has been on Protonix since July 2014. Patient is a 55-year-old, with no concurrent use of ASA, corticosteroids and/or an anticoagulant, and no documentation of a history of gastrointestinal events nor is there presentation of GI symptoms, hence is not considered to be at intermediate risk for gastrointestinal events. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Protonix 20mg, QTY 60, for the service date of July 28, 2014 is not medically necessary.