

Case Number:	CM14-0210894		
Date Assigned:	12/23/2014	Date of Injury:	12/11/2009
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 50 year old female with an injury date of 12/11/09. Based on the 11/18/14 progress report provided by treating physician, the patient complains of neck pain which radiates down the arm (side unspecified) and left shoulder pain. Patient is status post decompression and distal clavicle excision on 10/22/12, status post cervical epidural steroid injection without improvement. Physical examination dated 11/18/14 revealed tenderness to palpation to the cervical paraspinal muscles, trapezius, shoulder girdle and pain along the left shoulder, rotator cuff, and biceps tendon. Shoulder range of motion was not specified. The patient is currently prescribed Norco, Effexor, Flexeril, Protonix, Naflon, LidoPro lotion, and Terocin patches. Diagnostic imaging was not included with the report. Patient's work status is not specified. Diagnosis 11/18/14- Cervical sprain with radiculitis- Impingement syndrome on the left status post decompression and distal clavicle excision with some loss of motion- Chronic pain syndromeThe utilization review determination being challenged is dated 12/01/14. The rationale is "The patient is currently being prescribed NSAIDS, which carries an inherent risk of subsequent GI issues... based on the available information the medical necessity of this GI protective medication has been established and the request is modified for QTY 30 to comply with referenced guideline."Treatment reports were provided from 06/23/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with neck pain which radiates down the arm (side unspecified) and left shoulder pain. The request is for Protonix 20 mg sixty count. Physical examination dated 11/18/14 revealed tenderness to palpation to the cervical paraspinal muscles, trapezius, shoulder girdle and pain along the left shoulder, rotator cuff, and biceps tendon no gastrointestinal symptoms were discussed in the report. Shoulder range of motion was not specified. The patient is currently prescribed Norco, Effexor, Flexeril, Protonix, Naflon, LidoPro lotion, and Terocin patches. Diagnostic imaging was not included with the report. Patient's work status is not specified. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. With regards to Pantoprazole, there is a well-documented risk of GI upset following NSAID therapy. Per reports provided, the patient is typically taking 400mg Nalfon twice a day for the treatment of aforementioned cervical and shoulder pain and taking Pantoprazole to control subsequent GI upset. While guidelines indicate that the first step should be to discontinue the NSAID, this patient suffers from chronic pain syndrome and will likely remain on NSAID therapy to control her pain complaints for the foreseeable future. MTUS guidelines indicate that prophylactic PPI therapy is warranted in conjunction with high dose NSAID therapy or in cases where the patient has a history of gastritis. Therefore, this request is medically necessary.