

Case Number:	CM14-0215229		
Date Assigned:	01/02/2015	Date of Injury:	03/17/2013
Decision Date:	03/03/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female reportedly sustained a work related injury on march 17, 2013 resulting in neck, shoulder and back pain. Diagnoses include discogenic cervical, thoracic and lumbar condition with facet inflammation, bilateral shoulder impingement with full thickness rotator cuff tear of left shoulder per magnetic resonance imaging (MRI) in December 2013 and parkinsonism. Magnetic resonance imaging (MRI) of right shoulder on September 3, 2014 impression was for partial tear. Prior treatment includes chiropractic in 2013 with good effect and ongoing physical therapy. Qualified medical exam dated November 4, 2014 provides the injured worker is having increased pain as the weather gets colder. Physical exam revealed tenderness of cervical and lumbar spine, pain in both shoulders with abduction of less than 100 degrees and slightly antalgic gait. The injured worker is not working. Medications include Tramadol, Nalfon, Protonix, LidoPro lotion and Terocin patch. Follow up exam on December 9, 2014 notes the injured worker has undergone 11 of 12 physical therapy treatments that have significantly reduced pain, muscle stiffness and tightness and increased range of motion (ROM) in shoulders. Physical exam notes bilateral shoulder abduction of 160 degrees with tenderness along rotator cuff and biceps tendon. On December 6, 2014 utilization review determined a request received November 26, 2014 for Protonix 20mg #60 to be non-certified. Medical Treatment Utilization Schedule (MTUS) guidelines were cited in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

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 cite any medical evidence for its decision.

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 cervical muscle stiffness and pain (unrated), pain in the bilateral shoulders (unrated) which has been improving with PT. Patient has no surgical intervention directed at this complaint. The request is for PROTONIX TABS 20MG NDA#20-987. Physical examination 12/09/14 revealed tenderness to palpation to cervical paraspinal muscles and trigger points along the trapezius muscle. Shoulder examination revealed tenderness along the rotator cuffs and biceps tendons bilaterally. The patient is currently prescribed Tramadol, Naflon, Protonix, Lidopro lotion, and Terocin patches. Patient is not currently working. Diagnostic imaging included MRI of the right shoulder dated 09/03/14. MTUS pg 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. "In this case, the treater is requesting Protonix as a prophylactic measure against GI upset stemming from NSAID usage (Naflon). While the patient has no documented history of GI complaint, her advanced age category and chronic use of an NSAID establish PPI prophylaxis as a reasonable therapy. Therefore, this request IS medically necessary.