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| Case Number: | CM15-0010257 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 08/08/2011 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 08/08/2011. He had reported that he was working with a pipe with the assistance of another coworker and without notice the other coworker let go of the pipe allowing the pipe to fall on the injured worker's hand pulling his arm down. The injured worker was diagnosed with right shoulder rotator cuff tear, right shoulder possible labrum tear, right shoulder capsulitis, and status post right cubital tunnel release. Treatment to date has included cognitive behavioral psychotherapy sessions, above listed surgical procedure, oral medication regimen, magnetic resonance imaging of the right wrist, electrodiagnostic study of the upper extremities, and post-operative rehabilitation. Currently, the injured worker complains of persistent pain and dysfunction of the right shoulder. The treating physician requested the medication of Protonix along with requesting the medication Motrin. On 12/18/2014 Utilization Review non-certified the retrospective request for Protonix 20mg with three refills on 10/27/2014, noting the California Chronic Pain Medical Treatment Guidelines (May 2009), NSAIDS, GI Symptoms & Cardiovascular Risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective protonix 20mg with 3 refills (DOS: 10/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: This enteric coated medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper-secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Protonix. The Retrospective protonix 20mg with 3 refills (DOS: 10/27/14) is not medically necessary and appropriate.