

Case Number:	CM15-0012083		
Date Assigned:	02/02/2015	Date of Injury:	12/10/2007
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old female who sustained a work related injury on December 10, 2007. There was no mechanism of injury documented. According to the treating physician's progress report on October 29, 2014, the injured worker continues to experience neck, shoulder and bilateral knee pain. The injured worker also complains of jaw pain. The injured worker was diagnosed with lumbar disc displacement with annular tear at L4 through L5, cervical disc displacement, distal radius fracture, left shoulder impingement, status post left shoulder acromioplasty and distal clavicle resection (unknown date) followed by physical therapy, and temporomandibular Joint pain. Current medications consist of Anaprox, Fexmid, Norco, Restoril and Protonix. The injured worker uses conservative treatment modalities at home to control pain. The injured worker is Permanent & Stationary (P&S).The treating physician requested authorization for Protonix 20mg 1 by mouth twice a day, #60.On January 12, 2015 the Utilization Review denied certification for Protonix 20mg 1 my mouth twice a day, #60.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: FILE NUMBER: ██████████ CLINICAL SUMMARY: The applicant is a represented ██████████ employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 10, 2007. In a Utilization Review Report dated January 12, 2015, the claims administrator denied a request for Protonix. The claims administrator referenced RFA forms of August 20, 2014, and October 29, 2014, along with a progress note of October 29, 2014 in its determination. The applicant did have a history of earlier shoulder surgery, it was incidentally noted. The applicant's attorney subsequently appealed. In a May 13, 2014, medical-legal evaluation, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was status post earlier cervical fusion surgery. The medical-legal evaluator did not impose any formal limitations on this date. The medical-legal evaluator did allude to previous 2013 drug testing, which was positive for marijuana usage. On June 9, 2014, the applicant's pain management physician suggested that the applicant was working, despite persistent complaints of neck and shoulder pain. The applicant denied any gastroenterological conditions, it was stated in the past medical history section of the note. The applicant was using medical marijuana as needed and was regularly drinking alcohol, it was further noted. Multiple medications, including topical compounds, cyclobenzaprine, and Percocet were endorsed. There was no mention of issues with reflux, heartburn, and/or dyspepsia. In a May 23, 2014, progress note, the applicant was given prescriptions for Lidoderm and Ambien. Once again, there was no mention of issue with reflux, heartburn and/or dyspepsia. An applicant questionnaire of October 21, 2014, likewise failed to contain any references to issues with reflux, heartburn, and/or dyspepsia. On October 29, 2014, the applicant reported multifocal back, shoulder, jaw and knee pain with derivative complaints of depression and anxiety. The applicant's medications included Fexmid, Norco, Protonix and Restoril. Multiple medications were renewed. The applicant was asked to continue Naprosyn, Fexmid, Norco, Restoril, and Protonix. No rationale for provision of Protonix was furnished. There was likewise no mention of issues with reflux, heartburn, and/or dyspepsia on an earlier note dated August 28, 2014. REFERRAL QUESTIONS: 1. No, the request for Protonix, proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was no mention of the applicant's having any issues with reflux, heartburn and/or dyspepsia, either NSAID-induced or stand-alone, on several progress notes referenced above, including the October 29, 2014 progress note at issue. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms and Cardiovascular Risk topic.