

Case Number:	CM15-0116077		
Date Assigned:	06/30/2015	Date of Injury:	02/15/2012
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61-year-old female who sustained an industrial injury on 2/15/12 when she slipped and fell on a ballpoint pen that was on the floor causing her to fall forward with left upper extremity extended to break her fall and landing primarily on her left side. She felt pain in the neck, left shoulder, upper mid and lower back with intermittent pain in both right and left lower extremities. She was medically evaluated and received physical therapy. She currently complains of left shoulder pain, which is causing more neck, and back pain. Her activities of daily living are difficult due to inability to raise her arm very far and left shoulder pain. She is experiencing sleep difficulties. Medications are Relafen, Protonix, Norflex ER; venlafaxine HCL ER; buprenorphine, Topamax. Diagnoses include left and right shoulder surgeries (1989 and 2005 respectively); left and right knee surgeries (2008); left thumb surgery (2007); hairline fracture of finger (2014); spondylosis lumbosacral region; lumbar disc displacement without myelopathy; cervical disc displacement; pain in joint shoulder. Treatments to date include acupuncture, which was not as helpful this time around; functional restoration program; multiple lumbar epidural steroid injections; physical therapy was most helpful with neck and back pain; traction did reduce pain. Diagnostics include MRI of the cervical spine showing central canal stenosis, right and left foraminal stenosis; MRI of the lumbar spine (12/6/12) showing bilateral foraminal stenosis; electromyography of the bilateral lower extremities (9/20/13) showing chronic left L5-S1 radiculopathy; MRI of the left shoulder (5/23/13) rotator cuff tenosynovitis with partial articular surface disruption; MRI of the thoracic spine (5/23/15) showing chronic

compression fracture. In the progress note, dated 6/1/15 the treating provider's plan of care includes refilling all medications including Protonix 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole - Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. In this case, there is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the prescription of Protonix 20mg #60 is not medically necessary.