

Case Number:	CM15-0122354		
Date Assigned:	07/06/2015	Date of Injury:	04/29/2011
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 48 year old female, who reported an industrial injury on 4/29/2011. Her diagnoses, and or impressions, were noted to include: lesion of the ulnar nerve; lateral epicondylitis; radial nerve lesion; and cervicobrachial syndrome. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include diagnostic studies; medication management with toxicology studies; and rest from work. The progress notes of 5/19/2015 reported a follow-up visit for complaints of persistent right upper extremity pain. Objective findings were noted to include the denial of any gastrointestinal complaints in the review of systems; that she is moderately obese; no acute distress; tenderness over the left shoulder with positive impingement and apprehension signs, and painful, decreased range-of-motion; and tenderness over the epicondyles. The physician's requests for treatments were noted to include the continuation of Protonix for gastrointestinal upset and stomach.

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 (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms &

Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Web: updated 4/30/15) Proton-pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -Proton pump inhibitors (PPIs).

Decision rationale: Protonix 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The ODG states that Protonix is a second line agent and second line agents are only to be used if first line agents have failed. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor or has failed a first line proton pump inhibitor therefore the request for Protonix is not medically necessary.