

Case Number:	CM15-0125679		
Date Assigned:	07/10/2015	Date of Injury:	12/05/2014
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 12/5/14. The diagnoses have included low back pain, wrist/hand pain, shoulder pain and cervical pain. Treatments have included medications, physical therapy, TENS unit therapy and use of a back brace. In the PR-2 dated 5/27/15, the injured worker complains of low back pain with pain in left leg. She rates this pain level a 6/10. She complains of left shoulder pain. She has tenderness to palpation of left shoulder. Some of this PR-2 note is hard to decipher. In previous notes, it is noted that she is taking Tramadol and Ibuprofen. She is not working. The treatment plan includes a request for Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg (unspecified frequency, duration and number of refills), #30 for symptoms related to the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Per CA MTUS guidelines, Protonix is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has been on Tramadol and ibuprofen for at least 4 months. She has also been taking Omeprazole without documentation of why she needed it. "Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." She does not have any gastrointestinal complaints. Because of the long term use of Protonix is not recommended the requested treatment of Prilosec is not medically necessary.