

Case Number:	CM15-0061734		
Date Assigned:	04/07/2015	Date of Injury:	09/29/2011
Decision Date:	05/06/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/01/2015

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:

The injured worker is a 39-year-old male, who sustained an industrial injury on 09/29/2011. He has reported injury to the right shoulder, neck, and back. The diagnoses have included right shoulder bursitis and impingement; right carpal tunnel syndrome; right upper extremity compression neuropathy; cervical and lumbar sprain/strain; and cervical and lumbar radiculopathy. Treatment to date has included medications, diagnostics, chiropractic therapy, and physical therapy. Medications have included Aleve, Tylenol #3, Naproxen, Ibuprofen, Soma, Lidopro topical ointment, and Prilosec. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; and right shoulder pain with numbness in the right upper extremity and weakness. Objective findings have included slight hypesthesia in the right upper extremity; and diffuse tenderness in the lower lumbar area. The treatment plan has included the request for Protonix tab 20 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tab 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 68, 78.

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 tab 20mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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 documentation indicates that the patient has a history of GERD/dyspepsia but it is not clear why the patient was changed from first line Prilosec to second line Protonix. The ODG states that a trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). Per the ODG Protonix, should be second-line. Without clear failure of first line, Prilosec the request for Protonix is not medically necessary.