

Case Number:	CM15-0074713		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2012
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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

Certification(s)/Specialty: Family Practice

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 was a 47 year old male, who sustained an industrial injury, April 10, 2012. The injured worker sustained a blunt head injury after a fall on the job. The injured worker previously received the following treatments botox injections, brain CT scan, pelvis x-ray, cervical spine MRI, toxicology laboratory studies, Rizatriptan, Ibuprofen, Norco, Pantoprazole, Ambien, Sumatriptan, Elavil and EEG (electroencephalogram). The injured worker was diagnosed with post-traumatic headaches, cervical spine herniated nucleus pulposus, right shoulder myoligamentous injury, right elbow contusion, lumbar spine herniated nucleus pulposus, secondary stress, anxiety, cervicogenic headaches, insomnia, bilateral palmar hyperhidrosis, anxiety, depression and post concussive syndrome. According to progress note of March 9, 2015, the injured workers chief complaint was having trouble sleeping due to neck, back pain and headaches. The physical exam noted persistent right sub occipital and upper trapezius trigger points and palpation results in reproduction of the headaches. The treatment plan included prescription for Protonix.

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 & cardiovascular risk Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, the worker reported using ibuprofen 200 mg as needed for pain. The worker also was recommended and was taking Pantoprazole regularly to help control heartburn symptoms. However, there was no evidence found in the notes available for review to suggest this worker was at an elevated risk for gastrointestinal events to warrant daily chronic use of a PPI, considering it is not a benign medication. Therefore, the request for Protonix 20 mg will be considered medically unnecessary.