

Case Number:	CM15-0075600		
Date Assigned:	04/27/2015	Date of Injury:	11/27/2000
Decision Date:	06/11/2015	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female sustained an industrial injury on 11/27/2000. She subsequently reported neck, upper back and bilateral shoulder pain. Diagnoses include cervical radiculopathy, neck pain, right shoulder sprain and strain and cephalgia. Treatments to date have included x-ray and MRI studies, therapy, injections, surgery and prescription pain medications. The injured worker continues to experience neck, upper back and shoulder pain. Upon examination, muscle spasms were palpable and tenderness in the cervical and trapezius musculature was noted. A request for Protonix medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System: Gastroesophageal reflux disease (GERD), pg 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as omeprazole are recommended as a first line agent by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Protonix is considered a second line agent and should only be used when a patient fails on a first line agent. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. Additionally, there is no documentation that the patient has failed previously using first line agents. The request for Protonix 40 mg Qty 30 is determined to not be medically necessary.