

Case Number:	CM15-0075925		
Date Assigned:	04/27/2015	Date of Injury:	09/30/2010
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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:

The injured worker is a 41-year-old female, with a reported date of injury of 09/30/2010. The diagnoses include cervical pain, cervical sprain/strain, lumbar disc displacement, lumbar muscle spasm, lumbar myospasm, lumbar strain/strain, lumbar/lumbosacral disc degeneration, bilateral shoulder myoligamentous injury, rotator cuff syndrome, and bilateral carpal tunnel syndrome. Treatments to date have included home exercise stretching and walking, oral medications, and topical pain medications. The progress report dated 01/28/2015 indicates that the injured worker complained of neck pain, with radiation to both arms, and rated 9 out of 10; low back pain, with radiation to the left leg; right shoulder pain; left shoulder pain; right wrist pain, rated 9 out of 10; and left wrist pain, rated 6 out of 10. The objective findings include no bruising, swelling, atrophy, or lesion present at the cervical spine, lumbar spine, bilateral shoulders, or right wrist. No further objective findings were documented. The treatment plan included following-up with the specialist regarding gastrointestinal (GI) complaints, and no non-steroidal anti-inflammatory drugs (NSAIDs) due to GI complaints. The treating physician requested Protonix 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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. The request for Protonix 20 mg, thirty count is determined to not be medically necessary.