

Case Number:	CM13-0046384		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2003
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported an injury on 01/03/2003. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the bilateral wrists that resulted in the development of carpal tunnel syndrome. The patient complained of 5/10 to 6/10 pain of the right wrist. The patient's medications included Motrin 600 mg, Vicodin 550 mg, and Protonix 40 mg. The patient's diagnosis included carpal tunnel syndrome. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Pantoprazole tab 40mg Qty #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Pharmacy purchase of Pantoprazole tab 40mg Qty #30 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends a gastrointestinal protectant for patients at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does

not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for development of gastrointestinal disturbances related to medication usage. Therefore, the requested gastrointestinal protectant is not indicated. As such, the requested Pharmacy purchase of Pantoprazole tab 40mg Qty #30 is not medically necessary or appropriate.