

Case Number:	CM13-0064224		
Date Assigned:	04/30/2014	Date of Injury:	09/15/2010
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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/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:

This patient is a 33year old female injured worker with date of injury 9/15/10 with related chronic elbow pain. She is status post cubital tunnel release surgery 4/27/13 which resulted in less tingling and numbness. Per progress report dated 10/12/13, she stated that her gastrointestinal symptoms have improved following discontinuation of non-steroidal anti-inflammatories. She exhibited a well healed surgical incision line about the elbow. She was asked to continue taking Neurontin for any numbness and tingling. She was taking Hydrocodone for breakthrough pain. The medications were reportedly controlling her pain and improving her ability to perform activities of daily living. Imaging studies were not available in the documentation submitted for review. She has been treated with physical therapy and medication management. The date of UR decision was 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,Gastrointestinal Symptoms &Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the Chronic Pain Medical Treatment Guidelines recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). Chronic Pain Medical Treatment guidelines further specify: It is noted in the documentation that the injured worker has discontinued the use of NSAIDs in response to her gastrointestinal symptoms. Consequently her symptoms were improving. The use of a PPI may still be indicated, however, the request for a 3 month supply is excessive and is not medically necessary.