

Case Number:	CM14-0016001		
Date Assigned:	06/04/2014	Date of Injury:	04/04/2013
Decision Date:	08/01/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 28-year-old female who reported an injury on 04/04/2013, the mechanism of injury was not provided within the medical records. The clinical note dated 04/25/2014 indicated diagnoses of flexor tenosynovitis of the right middle finger and possible right carpal tunnel syndrome. The injured worker reported increased tingling in the right hand area and the right middle finger. The injured worker reported pain along the flexor sheath of the right middle finger but overall she remained improved. The injured worker reported increased tingling in the right little finger after acupuncture treatment. On physical examination, there was mild tenderness at the A1 and A2 pulley region at the base of the right middle finger flexor surface. The injured worker had full range of motion of the right middle finger without snapping or locking. The injured worker had a Tinel's positive median nerve at the right wrist. The injured worker's grip revealed right 35, left 40. The injured worker's prior treatments included diagnostic imaging, acupuncture, and medication management. The provider submitted a request for Protonix. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There was lack of documentation of any medication the injured worker was taking. In addition, the documentation submitted did not indicate the injured worker had findings that will support she was at risk for gastrointestinal bleeding or perforations of peptic ulcers. The injured worker fails to fit the criteria that would warrant the use of a proton pump inhibitor. Furthermore, the provider did not indicate a rationale for the request. In addition, the request does not indicate a dosage, frequency or quantity for this medication, therefore, the request for Protonix is not medically necessary.