

<b>Case Number:</b>	CM14-0018573		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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, 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:

The patient is a 63 year old female who was injured on 09/09/2011. The patient is a typist who developed numbness in both wrists and hands after typing really fast for two weeks while working. Prior treatment history has included physiotherapy, TENS unit, hot/cold wrap, aerobic classes and braces. Medications include: 1. LidoPro Lotion 2. naproxen 550 mg 3. Protonix 20 mg 4. Terocin patches 5. Gabapentin 600 mg 6. Norco 7. Tramadol Progress note dated 01/14/2014 documented the patient has not worked since November of 2012 and had a nerve conduction study done on 04/10/2013 showing carpal tunnel residual bilaterally. Fluoroscopy of the right wrist was unremarkable. Objective findings on exam reveal tenderness along the carpal tunnel areas is noted. Motion is satisfactory. Grip is weak. Diagnoses: 1. Carpal tunnel syndrome status post decompression. 2. The patient has issues with sleep, stress and depression. Treatment Plan: Authorize naproxen 550 mg, 60 tablets and Protonix 20 mg, 60 tablets, Neurontin 600 mg, 90 tablets. Authorize fluoroscopy of the left wrist as well as TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG, QUANTITY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gi Symptoms & Cardiovascular Risk, Page(s): 68.

**Decision rationale:** According to the guidelines, proton pump inhibitor, such as Omeprazole, may be recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not demonstrate potential risk factors were present in the case of this patient. Furthermore, other PPIs, such as Protonix, should be considered second-line therapy. The medical records do not establish the patient has significant risk factors of GI events and failed to respond to first line PPI. Consequently, Protonix is not medically necessary.

**1 FLUOROSCOPIC EVALUATION, LEFT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Forearm, Wrist And Hand, Radiography.

**Decision rationale:** The CA MTUS guidelines do not provide any recommendations for fluoroscopy for evaluation of CTS or wrist/arm complaints. According to the Official Disability Guidelines, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include tomography, arthrography, bone scintigraphy, computed tomography (CT), or magnetic resonance (MR) imaging. Based on the patient's medical history, the medical records do not indicate the patient is a candidate for wrist x-rays. In addition, the medical records do not demonstrate the existence of any subjective complaints nor corroborative objective findings that support the requested study. The request for left wrist fluoroscopy is not medically necessary.