

Case Number:	CM14-0118139		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2008
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 and 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:

This is a 41-year-old female with an 8/27/08 date of injury, when she developed bilateral carpal tunnel syndrome due to repetitive work. The progress report dated 11/21/13 stated that the patient developed abdominal pain, heartburn, constipation and abdominal bloating due to the intake on her pain medications. The patient was taking Gabapentin, Diclofenac sodium, Tramadol and Pantoprazole and was diagnosed with gastritis and gastroesophageal reflux disease. The patient was seen on 8/4/14 with complaints of chronic bilateral carpal tunnel syndrome and 8/10 upper extremity pain with numbness and pain in the bilateral wrists. Exam findings revealed that the patient was alert and oriented x3. The Tinel's sign was positive at the bilateral wrists over the median nerve and compression test was positive over the carpal tunnel bilaterally. The note stated that the patient was taking Ibuprofen chronically and that she had a history of gastrointestinal upset with oral NSAIDs. She developed abdominal pain, constipation and nausea secondary to use of oral medications. The diagnosis is chronic carpal tunnel syndrome and psychogenic pain. Treatment to date: physical therapy, acupuncture, TENS unit, cortisone injections and medication. An adverse determination was received on 7/10/14 given that Protonix is a second-line therapy that should be used only after a trial of omeprazole due to demonstrated equivalent clinical efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix Delayed Release 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, Page(s): 68. Decision based on Non-MTUS Citation FDA: Pantoprazole (Protonix)

Decision rationale: CA MTUS does not specifically address Pantoprazole (Protonix). CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The progress report dated 11/21/13 indicated that the patient was diagnosed with gastritis and gastroesophageal reflux disease due to her pain medication intake. In addition, she is using NSAIDs chronically. Therefore, the request for Protonix Delayed Release 20mg #60 was medically necessary.