

Case Number:	CM14-0150788		
Date Assigned:	09/19/2014	Date of Injury:	06/25/2012
Decision Date:	10/23/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 & 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:

The injured worker is a 31-year-old male who reported an injury on 06/25/2012. The mechanism of injury was not provided. On 07/17/2014, the injured worker presented with improvement in pain involving his right hand with the use of medications. The injured worker denied heartburn, nausea, vomiting, constipation, or diarrhea. Upon examination, there was persistence of stiffness involving the digits of the hand or at the middle and ring fingers. There was a tremor noted. There was hyperhidrosis present in each digit of the right hand, with no such finding on the left. There was mild diffuse swelling involving the right hand. There was a positive intrinsic tightness test in the middle finger of the right hand, ring and index digits. The diagnoses were history of blunt trauma involving the dorsum of the right hand, history of ORIF of the right 3rd metacarpal, manipulation under anesthesia of the right middle and ring fingers, and history of extensor tenolysis procedure with hardware removal with manipulation of the right hand. Current medications included Voltaren, Protonix, tramadol, and Neurontin. The provider recommended Protonix 20 mg #60. The provider's rationale was not provided. The Request for Authorization was not included in the documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 Mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommend for injured workers with dyspepsia secondary to NSAID therapy and for those seeking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation if the injured worker has a diagnosis congruent with the guideline recommendation for Protonix. Additionally, the injured worker does not have any moderate to severe risks for gastrointestinal events. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not include frequency of the medication in the request as submitted. As such, medical necessity has not been established.