

Case Number:	CM14-0032446		
Date Assigned:	04/09/2014	Date of Injury:	11/17/2008
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 53-year-old female who sustained an industrial injury to her bilateral upper extremities on Nov 17, 2008 as a result of repetitive activities over many years working as a material planner. The patient eventually was diagnosed with carpal tunnel syndrome and subsequently underwent carpal tunnel release on Jul 9, 2009. However, this did not help alleviate the patient's symptoms. She underwent a revision of the carpal tunnel release, but this was also unsuccessful. In early 2013, she underwent an electrodiagnostic studies that demonstrated residual carpal tunnel syndrome on the right side and also carpal tunnel syndrome on the left hand and wrist. She has undergone cortisone injections that have provided temporary relief for up to a week. On physical examination she is noted to have reduced active range of motion of her right wrist in all planes on the synopsis dated Sept 17, 2013. On the primary treating physician's follow-up consultation report dated 9/26/2013, the patient states she continues to have frequent numbness and tingling in her right 4th and 5th digits as well as her left 1st through 3rd digits. Marked tenderness is present with immediately positive provocative findings at the right cubital tunnel-negative left cubital tunnel. On the consultation report dated 10/31/2013, the patient reports that she has persistent pain in her right elbow with radiate dysesthesias into her right hand, most notably the ring and small finger and that she has frequent daily numbness and tingling in these digits and associated weakness and loss of dexterity. She has undergone 3 right cubital tunnel injections with substantial attenuation of her symptoms for 1-2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO PROTONIX 20MG, #60; 12/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Online Source:
<http://www.medicinenet.com/pantoprazole/article.htm>

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding NSAIDs, GI symptoms and cardiovascular risk, states "Determine if the patient is at risk for gastrointestinal events: (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)." Additionally, Medicine.net identify Protonix (Pantoprazole) is a medication used in the treatment of gastric, duodenal ulceration, esophageal reflux and as adjunctive treatment for non-steroidal anti-inflammatory drug (NSAID) induced gastritis. Based on the medical records provided for review the patient is experiencing nerve compression at both the cubital and carpal tunnels. However, medical documentation does not report any complaints of abdominal complaints warranting the use of Pantoprazole. The retrospective request for Protonix 20 mg # 60, DOS 12/5/13 is not medically necessary and appropriate.