MAXIMUS Federal Services

Case Number:	CM14-0033509		
Date Assigned:	06/20/2014	Date of Injury:	03/04/2013
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 38-year-old who was injured on March 4, 2013, involving her left wrist, forearm, hand, and shoulder. She was later diagnosed with left hand tendonitis from overuse, left mild forarm tendonitis, and mild thoracic outlet syndrome, arthritis of the left hand, and left mild carpal tunnel syndrome. No compression neuropathy was identified from testing and examinations. She was treated with conservative treatments including as needed oral analgesics as well as steroid injections, physical therapy, and home exercises which lead to improvements in her symptoms of pain and tingling in her left arm and hand. Although the notes provided were limited, the worker seemed to have been prescribed naproxen 550 mg and Protonix 20 mg (unknown frequency) and had been taking them since at least December 19, 2013. On January 16, 2014, she was seen by her treating pain physician complaining of pain (5/10 on pain scale) in her left forearm, left wrist, and left hand as before, but that the medications were less effective at that time, but tolerated them well. Physical examination was significant for a positive Tinel's sign and painful range of motion with ulnar and radial deviation on the left wrist. Slightly decreased strength was noted on the left hand and wrist and sensation was decreased over the medial and lateral left hand. A request was later made for continuation of her naproxen and Protonix medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID (non-steroidal anti-inflammatory drugs), the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65-years-old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concerrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, her NSAID prescription was for "Anaprox 550 mg 1-2 tabs #60". She reported that her Anaprox medication had been working less than before and a need for redirection in treatment besides NSAIDs is justified here. Also, no other criteria seems to have been met, according to the notes provided for review, to justify a proton pump inhibitor for regular use. The risks associated with Protonix would outweigh any benefit, especially if it is discontinued for not showing clear pain relief and improved function, which was not discussed or documented in the notes provided. The request for Protonix 20mg, sixty count, is not medically necessary or appropriate.