

Case Number:	CM14-0052112		
Date Assigned:	07/07/2014	Date of Injury:	10/18/2012
Decision Date:	09/05/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 34 year-old male who was suffering from recurrent pain in his right and left elbows due to a previous work-related injury when he re-injured his left elbow at work on 10/18/2012. He was folding chairs when he felt a pop and pain in his left elbow. The pain worsened and spread to both thumbs as he continued working. When the pain did not resolve after a week, he saw a doctor who diagnosed left medial and lateral epicondylitis, and strain of both thumbs. He was offered a steroid injection, but he refused as he did not have success with it in the recent past. He was treated with medications and restricted duty. He was eventually released to regular duty. Currently, he complains that the left elbow pain worsens with activities and at the end of the day. He has difficulty bending his left elbow. In addition, he has pain in his two thumbs; he complains of decreased range of motion of the thumb, loss of strength and cramping of the thumbs. He has developed pain in his left shoulder due to attempts to adjust himself due to the elbow pain. The physical examination was unremarkable except for decreased power and grip strength in the left hand and palpable tenderness in the medial and lateral epicondyles of the left elbow. An MRI of left shoulder done on 04/16/2014 revealed a tear of the supraspinatus tendon, tendinosis of the supraspinatus and infraspinatus, and features of impingement. He has been diagnosed with chronic joint pain of the upper extremity and left shoulder impingement with possible rotator cuff deficiency. He has at various times received platelet rich plasma injections, Voltaren 100mg, Protonix, Tramadol, Ibuprofen 600mg, Hydrocortisone, Lidopro, and Prilosec. In dispute are requests for Protonix 20mg #60, and Tramadol ER 150 #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs Page(s): 68.

Decision rationale: The California MTUS Guidelines consider the following as risk factors for gastrointestinal complication of non-steroidal anti-inflammatory drugs: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low-dose aspirin). Based on the above risk factors, the MTUS recommends as follows: Patients with no risk factor and no cardiovascular disease: Non-selective NSAID's are acceptable (e.g. Ibuprofen, Naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Based on the fact that the injured worker has been using non-selective, non-steroidal, anti-inflammatory drugs for a long time, and he is currently on Ibuprofen and Hydrocortisone (a steroid) he will be considered as being in the intermediate risk category, therefore, a proton pump inhibitor, like Protonix is medically necessary.