

Case Number:	CM14-0060763		
Date Assigned:	07/09/2014	Date of Injury:	03/25/2013
Decision Date:	09/08/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female who has submitted a claim for chronic pain syndrome, cervical, thoracic, and lumbar spine sprain, and possible right lower extremity radiculopathy, right sacroiliac joint dysfunction, right greater trochanteric bursitis, bilateral wrist pain and bilateral de Quervain's tenosynovitis, and right intercostal strain associated with an industrial injury date of 03/25/2013. Medical records from 12/06/2013 to 07/01/2014 were reviewed and showed that patient complained of neck, low back, right rib cage, and bilateral wrist pain graded 8-9/10. There was associated radiation down the bilateral upper extremities without numbness and bilateral lower extremities with numbness and tingling. Physical examination revealed tenderness over the right rib cage along T11 and T12 ribs and bilateral upper trapezius and limited cervical and lumbar ROM. MMT was intact for both upper and lower extremities. Decreased sensation along right inner leg was noted. Positive bilateral SLR test was noted. Spurling's test was negative. X-ray of the lumbar spine dated 04/01/2013 was unremarkable. Bilateral wrist x-ray dated 04/01/2013 was unremarkable. Cervical spine x-ray dated 04/01/2013 revealed minimal spur formation in the mid cervical spine otherwise normal. X-ray of the sacrum and right rib dated 04/26/2013 was unremarkable. Treatment to date has included physical therapy, TENS, functional restoration program, thumb brace, pain medications, and proton pump inhibitors. In a utilization review dated 04/19/2014 denied the request for 1 consultation with hand specialist because conservative measures for bilateral wrist pain have not been exhausted. Utilization review dated 04/19/2014 denied the request for 60 pantoprazole 20mg because the patient's history was unremarkable of any issues that put the patient at risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with Hand Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of bilateral wrist pain. However, the patient was noted to be improving with functional restoration program (06/03/2014 - 06/19/2014). Bilateral wrist x-ray, dated 04/01/2013, was unremarkable. There was no evidence of aforementioned circumstances per guidelines recommendation to support the need for hand specialist referral. Therefore, the request for 1 Consultation with Hand Specialist is not medically necessary.

60 Pantoprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Pantoprazole 20mg two tablets QD since at least 03/26/2014. However, review of medical records did not show documentation of gastrointestinal disturbances. The patient did not meet the criteria for patients at risk for GI and cardiovascular events. Therefore, the request for 60 Pantoprazole 20mg is not medically necessary.