

Case Number:	CM14-0088303		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2012
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 51-year-old female with a 7/17/12 date of injury, and status post carpal tunnel release on 7/21/13. At the time (4/29/14) of request for authorization for Pentoprazole DR 20 mg times 30, there is documentation of subjective (mild occasionally moderate right shoulder, right arm and right wrist pain that radiates with numbness, tingling, and weakness) and objective (decreased grip strength in right hand, limited range of motion of wrists/hands secondary to pain, and hypoesthesia over right index and middle fingers) findings, current diagnoses (status post right wrist carpal tunnel release, right wrist pain, and right upper extremity neuropathy), and treatment to date (medications (including ongoing treatment with Naproxen and Pantoprazole)). There is no documentation of high dose/multiple NSAID and that Pentoprazole is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentoprazole DR 20 mg x 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors

(PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pentoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pentoprazole. Within the medical information available for review, there is documentation of diagnoses of status post right wrist carpal tunnel release, right wrist pain, and right upper extremity neuropathy. However, despite documentation of ongoing treatment with naproxen, there is no documentation of high dose/multiple NSAID. In addition, there is no documentation that pentoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pentoprazole DR 20 mg x 30 is not medically necessary.