

Case Number:	CM14-0089198		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2005
Decision Date:	08/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 40-year-old male with an injury date of 01/10/2005. According to the 05/09/2014 progress report, the patient has constant pain in his right hand on a daily basis. The pain can range from being a 5/10 to a 7/10. He currently uses tramadol for pain, which helps decrease his pain level and allows him to be more functional and to continue work. He also complains of daily spasms and daily numbness/tingling. The patient admits to depression and describes it as occurring once in a while. The 04/08/2014 report also states that the patient has a weak grip. The patient's diagnosis include the right first and second extensor tendon laceration status post repair of the extensor tendons with improvement in strength and has some residual pain. The request is for Protonix 20 mg #60. The utilization review determination being challenged is dated 05/29/2014. Treatment reports are provided from 12/30/2013 - 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI).

Decision rationale: Based on the 05/09/2014 report, the patient complains of constant right hand pain. The request is for Protonix 20 mg #60. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. The Official Disability Guidelines (ODG) also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater has not documented any gastrointestinal symptoms. MTUS does not allow prophylactic use of PPIs without documentation of gastrointestinal (GI) risk factors. Given the lack of any discussion regarding GI risk factors or GI symptoms, recommendation is not medically necessary.