

Case Number:	CM14-0093294		
Date Assigned:	07/25/2014	Date of Injury:	09/13/2012
Decision Date:	09/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 32- year-old gentleman was reportedly injured on September 13, 2012. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of neck pain radiating to the bilateral upper extremities. Current medications include Xanax, Fexmid, Protonix, Ativan, Cymbalta, Restoril, and Estazolam. The physical examination demonstrated no tenderness or spasms over the cervical spine paraspinal muscles or at the base of the neck or skull. There were decreased cervical spine range of motion and decreased sensation at the C7 and C8 dermatomes bilaterally. Tenderness and spasms were noted over the lumbar spine paraspinal muscles, and there was a normal lower extremity neurological examination. Diagnostic nerve conduction studies of the upper extremities indicated bilateral carpal tunnel syndrome. An MRI of the cervical spine revealed disc bulges from C4 through C7 with minor effacement of the anterior surface of the thecal sac at C4-C5. A 30 day trial of a TENS unit was recommended and Protonix was prescribed. Previous treatment is unknown. A request had been made for Protonix and home usage of a TENS unit and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: 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 Page(s): 68-69.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. The CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAIDs with documented GI distress symptom. The record provided does not note the G.I. disorder. Nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID as defined by the American College of Gastroenterology. Therefore, this request for Protonix is not medically necessary.

Purchase of a Home Transcutaneous Electrical Nerve Stimulation Device: 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 Chronic Pain Page(s): 114-115.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the usage of a transcutaneous electrical nerve stimulation unit includes evidence that other appropriate pain modalities including medications have been tried and failed. The most recent progress note, dated May 7, 2014, indicated that the injured employee was taking seven medications, which were refilled on this visit. Considering this, the request for the purchase of a home transcutaneous electrical nerve stimulation device is not medically necessary.