

Case Number:	CM14-0207184		
Date Assigned:	12/19/2014	Date of Injury:	05/18/2005
Decision Date:	02/13/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of May 18, 2005. A utilization review determination dated November 29, 2014 recommends noncertification of pantoprazole. A progress report dated June 16, 2014 identifies subjective complaints of worsening pain in the right index finger. She objective examination findings revealed tenderness in the supraclavicular area on the right and at the base of both thumbs. Diagnoses include worsening of right index finger flexor tenosynovitis, right thoracic outlet syndrome, status post left 1st rib resection, bilateral thumb CMC synovitis, status post left lateral extensor origin repair, status post repair of instability left wrist, and history of bilateral shoulder impingement. The treatment plan recommends surgery for the right index finger A1 pulley, Voltaren 100 mg to be taken twice a day with food, and Protonix 20 mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole (Protonix), 1 tab orally twice a day #60 (DOS: 8/25/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Proton Pump Inhibitors/Protonix

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.