

Case Number:	CM15-0104791		
Date Assigned:	06/09/2015	Date of Injury:	09/12/2013
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 39 year old male, who sustained an industrial injury on 09/12/2013. He has reported injury to the right hand. The diagnoses have included traumatic right middle finger amputation, proximal to the proximal interphalangeal joint, status post two surgeries with persistent neuropathic pain radiating proximally into the right upper extremity and right side of the neck; chronic pain syndrome; and reactive depression. Treatment to date has included medications, diagnostics, physical therapy, exercise, functional restoration program, and surgical intervention. Medications have included Nabumetone, Gabapentin, Pantoprazole, and topical Capsaicin Cream. A progress note from the treating physician, dated 04/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right hand pain; right middle finger, hand, and forearm pain, status post amputation of the right middle finger; pain level remains at 7-8/10 on the visual analog scale; his use of the medications decrease pain which allows him to complete his activities of daily living; he is right-handed and has significant decline in function due to this right hand pain; has difficulty with gripping, grasping, pushing, pulling, and lifting; he is depressed, secondary to this chronic pain and inability to work; still interested in the functional restoration program; and wishes to avoid further invasive procedures. Objective findings included tenderness to palpation over the right middle finger stub, extending into the right hand on both the dorsal and palmar side directly inferior to the right middle finger; there is some erythema at the right middle stub; grip strength was decreased at 4/5 with right hand grip compared to the left hand grip; and range of motion of the other digits of the right hand is generally full. The treatment plan has included the request for Pantoprazole-Protonix 20 mg 360; and Nabumetone-Relafen 500 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors (PPI), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Pantoprazole-protonix 20 mg #60 is not medically necessary.

Nabumetone-relafen 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for osteoarthritis pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case is no documentation that the drug is used at its lowest dose and for the shortest period of time. In addition, there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Nabumetone-relafen 500 mg #90 is not medically necessary.