

Case Number:	CM15-0142657		
Date Assigned:	08/03/2015	Date of Injury:	12/12/2013
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female who sustained a work related injury December 12, 2013, described as cumulative trauma in the hand, wrist, and an unspecified elbow. She received physical therapy with some improvement. According to a physician's procedure note, dated June 17, 2015, the injured worker presented for ultrasonic evaluation and a bilateral epicondyle injection. An ultrasonic examination of the medial epicondyles, both on the right and left revealed multiple areas of interstitial tearing and disruption of the tendon-cortical attachment, worse on the left with a more disruptive appearance along the bone-tendon interface. She tolerated the procedure well. According to a certified physician's assistants visit, dated June 30, 2015, the injured worker presented for a follow-up of her bilateral upper extremity pain. She reports she had an increase in pain after the injections of June 17, 2015, and that the flare-up of pain has been slowly subsiding and now at baseline. The pain is located at the medial aspect of the elbows bilaterally, worse on the left side. She can get radiation proximally and distally in the upper extremities. She is taking Advil, over the counter occasionally for pain and reports a sensitive stomach and occasional symptoms of acid reflux. Diagnosis is documented as medial epicondylitis. Treatment plan included a trial of an anti-inflammatory and PPI (proton pump inhibitors). At issue, is the request for authorization for Pantoprazole-Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Upheld

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

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-Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole-Protonix 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The ODG does not recommend Protonix unless the patient has failed a first line proton pump inhibitor. The documentation does not indicate that the patient has failed first line proton pump inhibitors therefore the request for Pantoprazole is not medically necessary.