

Case Number:	CM15-0143144		
Date Assigned:	08/04/2015	Date of Injury:	06/07/2003
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male, who sustained an industrial injury on June 7, 2003. He reported a steel gate broke off and fell on him. The injured worker was diagnosed as having osteoarthritis along the knee on the left resulting in total knee replacement, wrist joint arthritis on the right status post fusion, stenosing tenosynovitis along the ring finger on the right status post two injections, and element of sleep, depression, and stress. Treatments and evaluations to date have included TENS, x-rays, bracing, left knee total joint replacement, right wrist fusion, physical therapy, injections, and medication. Currently, the injured worker reports right wrist and left knee pain. The Treating Physician's report dated June 18, 2015, noted the injured worker was doing well, recovering from surgery, taking medication to be functional. The injured worker was noted to have undergone surgery March 19, 2015 for removal of plate and screws in his right hand. Physical examination was noted to show some pain in the dorsum of the wrist with no swelling and good range of motion (ROM). The injured worker was noted to not be working. The Physician noted the goal was to wean the injured worker from his narcotic pain medication of OxyContin and Norco. The treatment plan was noted to include requests for authorization for Oxycontin, Norco, Tramadol ER, Protonix, Nalfon, and Trazodone.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors, NSAIDs, Gastrointestinal events, (Effective July 18, 2009) Page(s): 68-69. 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 complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, 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.

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Nalfon, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Nalfon is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Nalfon is not medically necessary.