

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0146908 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 07/16/2009 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on 7-16-09 when a grinding machine caught his left hand causing a laceration of the top of the hand in the web space between the ring and little finger which extended to the top of the little finger. He currently complains of pain, numbness, burning and deformity of the left small finger; pain in the neck that radiates down the left arm. His pain level was 9 out of 10. He experiences sleep difficulties. On physical exam of the left hand the small finger is contracted, evidence of crossing of the small finger and ring finger with flexion; the cervical spine showed decreased range of motion, tenderness of left posterior triangle and the medial aspect of left scapula. Medications were Lunesta, Norco and oxycodone. In the progress note dated 7-1-15 the treating provider indicates that the injured worker tolerates his medications but does have diarrhea. Diagnoses include status post open injury left small finger; status post 3 reconstructive surgeries left small finger; 90 degree contracture of left small finger; cervical radiculopathy; chronic pain syndrome; depression; anxiety; sleep disturbance. Treatments to date include medications, which were helpful; rest; cold; physical therapy for the left hand. Diagnostics include nerve conduction studies (2011) were normal; radiograph of the left small finger (12-10-14) showed that the proximal interphalangeal joint is held in flexion; x-ray of the cervical spine (2-4-15) showed significant disc disease at C5-6 with disc space narrowing and osteophyte formation. In the progress note dated 6-29-15 the treating provider's plan of care included a request for pantoprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg 1 tab po bid #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, Pantoprazole 20 mg one PO bid #60 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are finger injury NOS; pain in joint of hand; brachial neuritis or radiculitis NOS; neuralgia, neuritis and radiculitis NOS; anxiety not otherwise specified; depressive disorder NES; and sleep disturbance NOS. Date of injury is July 16, 2009. Request authorization is July 6, 2015. According to a progress note dated June 29, 2015, the injured worker has subjective complaints of left hand pain 9/10. Review of systems indicates heartburn and indigestion. The current list of medications does not include non-steroidal anti-inflammatory drugs. Medications include Norco, Lunesta and lidocaine patches. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Additionally, pantoprazole is a second line proton pump inhibitor. There is no documentation of failed first-line proton pump inhibitor use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, failed first-line proton pump inhibitor use and co-morbid conditions/risk factors for gastrointestinal events, Pantoprazole 20 mg one PO bid #60 is not medically necessary