

Case Number:	CM15-0162270		
Date Assigned:	08/28/2015	Date of Injury:	09/03/2010
Decision Date:	10/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

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

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 male, with a reported date of injury of 09-03-2010. The mechanism of injury was the result of a slip and fall approximately 4-6 feet off a ladder. He tried to break the fall with his right hand. The injured worker's symptoms at the time of the injury included right hand and wrist pain. The diagnoses include pain in the hand joint and reflex sympathetic dystrophy in the upper limb. Treatments and evaluation to date have included a splint, a functional capacity evaluation, and oral medications. The diagnostic studies to date have not been included. The visit note dated 06-24-2015 indicates that the injured worker presented for follow-up of chronic right wrist pain. He denied any changes in his pain. The injured worker continued to have right wrist pain, with intermittent numbness and tingling into his right fingers. The pain was rated 7 out of 10. He wore a right wrist sleeve for stabilization and support. The objective findings include normal muscle tone in the bilateral upper and lower extremities, right hand tenderness, no swelling in any extremity, and decreased strength in the right upper extremity. The injured worker had an MRI of the right wrist on 07-13-2012 with negative findings, electrodiagnostic studies of the bilateral upper extremities on 03-14-2011 which showed mild right median mononeuropathy at the wrist, and an MRI of the wrist on 10-28-2010 which showed a tear and associated ganglion of the distal ulnar. It was noted that the injured worker has not been able to return to work. The treatment plan included the refill of medications without change. The injured worker was permanent and stationary. He is permanently precluded from his usual and customary work. The treating physician requested Pantoprazole (Protonix) 20mg #60.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with right wrist pain. The request is for Pantoprazole (Protonix) 20MG #60. Examination to the right wrist on 06/24/15 revealed a decrease in range of motion. Per 04/29/15 progress report, patient's diagnosis include pain in joint hand, and dystrophy reflex sympathy up I. Patient's medications, per 03/04/15 progress report include Nabumetone, Tramadol, Pantaprazole, Gabapentin, and Toprimate. Patient is permanent and stationary. MTUS page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated here: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) The treater has not specifically discussed this request; no RFA was provided either. In regard to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Although it is indicated that the patient is utilizing Nabumetone (an NSAID), there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request is not medically necessary.