

Case Number:	CM15-0169466		
Date Assigned:	09/10/2015	Date of Injury:	08/30/2011
Decision Date:	10/14/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with a date of injury of August 30, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for persistent bilateral ulnar neuropathies, bilateral carpal tunnel syndrome, and cervical thoracic musculoskeletal strain. Medical records (July 13, 2015) indicate that the injured worker complains of pain in the neck and mid back that radiates to the upper extremities at times, difficulty raising arms over the head most of the time, weakness affecting both hands with some numbness and tingling, but having less numbness and tingling in the right fourth and fifth digits. A progress note dated May 29, 2015 notes subjective complaints of decrease in the frequency of tingling and numbness in the fingers of both hands with medications, but continues to have pain about the inner aspects of both elbows. There were no gastrointestinal complaints. Neither physical examination from July 13, 2015 nor May 29, 2015 noted documentation of abdominal examination or findings. Treatment has included ulnar nerve decompression and medications (Voltaren, Protonix, Neurontin, and Cymbalta since at least January of 2015). The treating physician indicates that the injured worker has a history of non-tolerance to non-steroidal anti-inflammatory drugs with a history of gastritis, and that the Protonix was to help prevent gastric ulceration, given the need to non-steroidal anti-inflammatory drugs medication. The original utilization review (July 23, 2015) non-certified a request for Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Protonix 20mg #60 (DOS: 07/13/2015): Overturned

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: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document history to indicate a moderate or high risk for gastrointestinal events (history of gastritis with NSAID use). As such, Protonix is medically necessary.