

Case Number:	CM15-0196711		
Date Assigned:	10/12/2015	Date of Injury:	06/18/2012
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 6-18-12. The injured worker has complaints of right hand pain that radiates to the upper part of her arm. There is tenderness along the right upper extremity especially in the hand and arms. The injured worker has limited range of motion of her wrist, reduced by approximately 50 percent secondary to pain with mild swelling. The diagnoses have included wrist joint inflammation with triangular fibrocartilage complex ligament tear, extensor carpi ulnar is tenosynovitis, ganglion cyst along the scapholunate area, triangular fibrocartilage complex ligament radial tear; major causalgia and chronic regional pain syndrome involving shoulder, elbow, wrist and hand and chronic pain syndrome. Treatment to date has included Lyrica; tramadol ER; aciphex; norco; protonix and wrist brace. The original utilization review (9-8-15) non-certified the 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:

Protonix 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this issue in detail and do not support the use of dual proton pump inhibitors for any condition. This individual is already on a proton pump inhibitor and there is no Guideline support to add another drug for the same purpose. These are not benign medications with long-term use associated with an increased fracture risk, biological mineral dysregulation and recent evidence suggested an increased cardiovascular risk. There are no unusual circumstances to justify an exception to Guidelines. The Protonix 20mg #60 is not medically necessary.