

Case Number:	CM15-0022709		
Date Assigned:	02/12/2015	Date of Injury:	10/29/2013
Decision Date:	04/10/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old male, who sustained an industrial injury on 10/29/13. He has reported neck and right shoulder pain related to lifting a heavy object. The diagnoses have included lateral epicondylitis of elbow, radiculitis and unspecified neuralgia. Treatment to date has included x-rays, acupuncture, physical therapy and oral medications. As of the QME report dated 12/3/14, the injured worker reports ongoing pain in the right shoulder and trouble sleeping. The QME physician recommended a proton pump inhibitor and a sleep study evaluation. The treating physician requested Pantoprazole 20mg #60 and a two night EEG study. The case file included the results of the sleep disorder breathing respiratory diagnostic study and a cardio-respiratory diagnostic study. On 1/19/15 Utilization Review non-certified a request for Pantoprazole 20mg #60 and a two night EEG study. The utilization review physician cited the ODG guidelines for proton pump inhibitors and Goetz textbook of Clinical Neurology. On 2/6/15, the injured worker submitted an application for IMR for review of Pantoprazole 20mg #60 and a two night EEG study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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. There is no documentation that the patient is at an increased risk of GI bleeding. It is not clear if the patient is currently taking NSAID. Therefore, the prescription of Pantoprazole 20mg, #60 is not medically necessary.

Two night of electroencephalogram (EEG) study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Neurology, 2nd edition, page 467.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head(trauma, headaches, etc., not including stress & mental disorders), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/head.htm>.

Decision rationale: According to ODG guidelines, "Electroencephalography (EEG) is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored. If during this period there is failure to improve, or the medical condition deteriorates, an EEG may be indicated to assist in the diagnostic evaluation." There is no documentation of abnormal movements suggestive of seizure activity. There is no documentation that a consultation with a sleep specialist was done. His initial evaluation was not documented. Therefore, the prescription of EEG is not medically necessary.