

Case Number:	CM15-0034749		
Date Assigned:	03/03/2015	Date of Injury:	08/11/2012
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female sustained a work related injury on 08/11/2012. According to a progress report dated 01/20/2015, the injured worker had diagnoses of 1. Carpal tunnel syndrome on the left documented by nerve studies. Repeat Electromyography studies in September 2012 showed carpal tunnel findings on the left. 2. Wrist joint inflammation with ulnar impaction, status post injection of the wrist joint, twice along the flexor carpi radialis and once along the flexor carpi ulnaris, with injection to first extensor compartment 12/2014. 3. CMC inflammation of the thumb on the left, status post one injection. 4. Chronic pain related depression, sleep and stress issues. The provider prescribed Norco and was requesting on return Naproxen, Tramadol ER, Flexeril and Protonix to be approved. According to a previous progress report dated 12/17/2014, the injured worker was having stomach irritation and was provided a prescription of Protonix 20mg #60. On 02/10/2015, Utilization Review modified Protonix. According to the Utilization Review physician, the injured worker had moderate risk for gastrointestinal events. The medical records indicated Protonix 20mg was prescribed and a once a day dose is appropriate. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 63-64, 67, 68 and 78 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 63-64, 67, 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: I respectfully disagree with the UR physician. Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The attached medical record indicates that the injured employee has gastritis secondary to using anti-inflammatory medications and that these symptoms were well controlled with the usage of Protonix. Considering this, this request for Protonix is medically necessary.