

Case Number:	CM15-0041390		
Date Assigned:	03/11/2015	Date of Injury:	12/07/2013
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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
 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:

The injured worker is a 41 year old female patient, who sustained an industrial injury on 12/07/2013. A primary treating office visit dated 12/15/2014, reported current complaints of having almost constant numbness in the right hand accompanied with weakness in grip strength which causes her to frequently drop things. She also reports pain radiating up her right arm into her underarm area, and along the right side of her neck. Of note, she was recently diagnosed with severe depression and adjustment disorder which is being controlled with medications. She currently takes Motrin 800mg, Prozac and Wellbutrin. Physical examination found tenderness of a modest nature noted over the volar surface of the right wrist. Additional tenderness is noted involving the trapezius muscle on the right side that extends to the right paracervical region. There is only mild tenderness noted over the right supraclavicular fossa. A fixed sensory deficit is noted on the right hand. The Katz hand diagram is consistent with moderate probability for carpal tunnel syndrome. Tinel and Phalen's signs are both positive on the right. Cubital tunnel compression test is positive on the right and is pressure provocative testing at Guyon's canal. Spurling's sign is associated with some discomfort that radiates towards the right shoulder. The impression noted right wrist strain with post injury carpal tunnel syndrome and cervical strain, not accepted body part. The plan of care involved dispensing Voltaren 100mg # 30, Protonix 20mg # 60, Ultram ER 150mg # 60. Therapy and electrodiagnostic study are pending authorization; continue using right wrist splint and follow up on 01/29/2015. Work status is currently restricted from activities that require forceful torquing, twisting, pushing and pulling.

In addition, lifting and carrying exceeding 20 pounds. She is to wear the wrist splint while working. Maximum medical improvement has not been met yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Protonix 20mg, QTY: 60, provided on date of service 01/29/15:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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 gastro duodenal 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. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not certified.