

Case Number:	CM15-0087168		
Date Assigned:	05/11/2015	Date of Injury:	03/17/2009
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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 York

Certification(s)/Specialty: Internal 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 64 year old male who sustained an industrial injury on 3/17/2009. His diagnoses, and/or impressions, are noted to include: bilateral shoulder impingement; bilateral epicondylitis; bilateral cubital tunnel syndrome; bilateral carpal tunnel syndrome with right-side release surgery, and worsened left-side symptoms; lesion of the ulnar nerve - bilateral; bilateral "CMC" joint arthritis of the thumbs; and chronic pain syndrome. Current imaging studies are not noted. His treatments have included right-side carpal tunnel release surgery; diagnostic nerve conduction studies; diagnostic laboratories and toxicology screenings; medication management; and rest from work. Progress notes of 4/2/2015 reported issues with sleep, stress, depression, and prostatitis. The objective findings were noted to include the ability to make a fist; positive Tinel's of the bilateral wrists; and bilateral carpal tunnel and epicondylar surfaces tenderness. The physician's requests for treatments were noted to include the continuation of Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 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, Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs
Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Pantoprazole (Protonix), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. This patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.