

Case Number:	CM15-0107404		
Date Assigned:	06/11/2015	Date of Injury:	07/19/2013
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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 42 year old male who sustained an industrial injury on 07/19/2013. Current diagnoses include ulnar impaction along the left with MRI showing partial TFCC tear, status post wrist arthroscopy, debridement, and synovectomy, medial epicondylitis on the left (not covered), due to chronic pain and inactivity, and the injured worker has gained weight, has an element of stress, depression, and sleep. Previous treatments included medications, physical therapy, home exercise program, and left wrist surgery. Report dated 05/12/2015 noted that the injured worker presented for follow up evaluation of his left wrist and hand. Pain level was not included. Physical examination was positive for decreased range of motion in the left wrist. The treatment plan included prescribing medications which included OxyContin, Norco, Flexeril, gabapentin, Naproxen, and Protonix for stomach upset. Disputed treatments include 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for Protonix 20mg #60 is not medically necessary.