

Case Number:	CM15-0071715		
Date Assigned:	04/21/2015	Date of Injury:	05/16/2011
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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:

This 53 year old male sustained an industrial injury on 5/16/11. He subsequently reported neck, low back, right shoulder, wrist and hand and left wrist and hand pain. Diagnoses include sprains and strains of shoulder and upper arm, rotator cuff rupture, bilateral carpal tunnel syndrome and lumbago. Treatments to date have included x-rays, MRIs, TENS, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back, left knee, right knee, right wrist and hand, left wrist and hand and cervical pain with radiation to the bilateral upper extremities. A request for Pantoprazole and Naproxen medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 181, 212, 271, 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for neck, back, and upper extremity conditions. The primary treating physician report dated 3/18/15 documented the diagnoses of bilateral carpal tunnel syndrome, status post right shoulder surgery January 2013, facet osteoarthropathy L5-S1 greater than L4-5, and foraminal stenosis L3-4, L4-5, L5-S1. The patient reported bilateral wrist and hand pain. The patient inquires in regards to requested carpal tunnel release in a median neuropathy remains refractory to treatment. The patient reported cervical pain and low back pain. Objective findings included diminished sensation median nerve distribution left and right. Positive Tinel's and Phalen's left and right were noted. Jamar remains markedly limited. Spasm of the intrinsic muscles of the hand and forearm decrease. Diagnosis bilateral carpal tunnel syndrome, status post right shoulder surgery January 2013, foraminal stenosis L3-4, L4-5, L5-S1 4, facet osteoarthropathy L5-S1 greater than L4-5. Bilateral carpal tunnel release was recommended. Median neuropathy remains refractory to extensive conservative treatment to date. Concern in regards to decreasing grip strength and decline in activity and function was noted. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of Naproxen. Therefore, the request for Naproxen is medically necessary.

Pantoprazole 20mg #60: Overturned

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 Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the long-term prescription of NSAIDs, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Protonix (Pantoprazole). Therefore, the request for Protonix (Pantoprazole) is medically necessary.