

Case Number:	CM15-0072954		
Date Assigned:	04/23/2015	Date of Injury:	09/25/2013
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/16/2015

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: Physical Medicine & Rehabilitation

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 48-year-old male, who sustained an industrial injury on 9/25/13. He reported left wrist injury. The injured worker was diagnosed as having wrist joint inflammation with triangular fibro cartilage complex ligament tear. Treatment to date has included physical therapy, TENS unit, oral medications, topical medications, wrist injection and activity restrictions. Currently, the injured worker complains of left wrist pain. It is noted the injured worker did not improve dramatically with the wrist injection. Physical exam noted tenderness along the ulnocarpal joint, mild subluxation of ulnar nerve at elbow, some tenderness along the extensor carpi ulnaris on left and tenderness along the pisotriquetral articulation. The treatment plan included request for authorization of Tramadol, Naproxen and Protonix, wrist arthroscopy and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left wrist pain. The request is for Pantoprazole 20mg #60. The provided RFA is dated 04/01/15 and the date of injury is 09/25/13. The diagnoses include wrist joint inflammation with triangular fibro cartilage complex ligament tear. Treatment to date has included physical therapy, TENS unit, oral medications, topical medications, wrist injection and activity restrictions. Current medications are Protonix, Tramadol and Naproxen. The patient is working modified duty. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per 04/01/15 report, treater states, "Kindly authorize Naproxen 550mg together with Protonix 20mg." While there is no specific mention of gastric complaints, progress note dated 04/01/15 indicates that this patient is currently taking a high dose NSAID, Naproxen. The concurrent use of a PPI as a prophylactic measure is supported by guidelines as medically appropriate. Therefore, the request is medically necessary.