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| Case Number: | CM15-0076159 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 09/29/2011 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: 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 63-year-old female, with a reported date of injury of 09/29/2011. The diagnoses include status post remote right carpal tunnel release, and rule out recurrent right median neuropathy. Treatments to date have included electrodiagnostic studies, physical therapy, and oral medications. The follow-up consultation report dated 02/19/2015 indicates that the injured worker complained of right wrist/hand pain, rated 6 out of 10. She also complained of an overly sensitive right upper extremity with burning pain. It was noted that the injured worker recalled a history of gastrointestinal (GI) upset with non-steroidal anti-inflammatory drugs (NSAIDs) with no proton pump inhibitor (PPI), a PPI daily and twice a day dosing. She denied GI upset with the PPI at the current dose, three times a day. It was also noted that there was no history of an ulcer, coughing up blood, blood in the stool, or cardiac issues. The objective findings include less pronounced spasm of the forearm musculature, and no signs of infection in the right wrist. The treating physician requested Pantoprazole 20mg #90 three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

Decision rationale: Based on guidelines for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) is recommended. There is no increased risk of gastritis and thus not medically necessary.