

Case Number:	CM14-0001205		
Date Assigned:	01/22/2014	Date of Injury:	08/29/2008
Decision Date:	06/16/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male who reported an injury on 08/29/2008. The mechanism of injury was that the injured worker was going on duty to load his truck and both of his knees started hurting and he had significant back pain. The injured worker had a total knee replacement in 01/2009 and had a subsequent fall in 2011. The injured worker was utilizing pantoprazole 20 mg daily since 10/31/2013. The documentation of 12/11/2013 revealed diagnoses of wrist pain, carpal tunnel syndrome, shoulder pain, knee joint pain, chronic pain, irritable bowel syndrome, hypertension, hyperlipidemia, psoriasis, and hypogonadism. The treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON STEROIDAL ANTI INFLAMMATORY DRUGS ,GASTROINTESTINAL SYMPTOMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. There was a lack of documentation

indicating the efficacy for the requested medication. It was indicated that the injured worker had been utilizing the medication for 2 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pantoprazole 20 mg #60 is not medically necessary.