

Case Number:	CM14-0108841		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2011
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 03/10/2011. The mechanism of injury was not provided. On 06/30/2014, the injured worker presented with neck and arm pain. The diagnoses were spondylosis, cervical, knee/lower leg pain, joint pain of elbow, radiculopathy of the cervical and joint pain of the shoulder. Current medications included hydrocodone/acetaminophen and pantoprazole. Upon examination of the cervical spine, there was reduced range of motion. There was tenderness to palpation to the cervical paravertebral regions bilaterally over the bilateral trapezius muscles at the C4-5, C5-6, and C6-7 levels. There is pain and spasm, worse on the right, and a positive Spurling's test on the right. Upon examination, the right elbow noted resistance with wrist extension and there was pain associated with resisted wrist extension and a negative Tinel's sign. There was tenderness noted over the lateral epicondyle, medial epicondyle, and distal biceps tendon. Examination of the knee noted painful palpation to the right medial joint line and right superior patella and right inferior patella. The provider recommended pantoprazole; the provider's rationale was not provided. The Request for Authorization form was dated 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gastroesophageal Reflux disease (GERD).

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

Decision rationale: The request for pantoprazole 20 mg with a quantity of 60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is a lack of evidence that the injured worker is at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for a proton pump inhibitor. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary