

Case Number:	CM14-0010877		
Date Assigned:	02/21/2014	Date of Injury:	03/14/2012
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Family Medicine, and is licensed to practice in California. 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:

This injured worker's date of injury is 3/14/12. The treating physician is treating the patient for chronic left shoulder pain. According to the physician's note dated 12/11/13, the patient had shoulder stabilization surgery around 2005 and shoulder relocation under anesthesia in March 2012. There is no documentation of the physical exam. The physician has requested refills of pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK , 68

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI). A PPI is medically indicated to treat peptic ulcer disease or esophageal reflux disease. Additionally, it may be used for patients who have a documented risk of gastrointestinal complications of NSAID therapy. The

medical records provided for review do not reflect any of these indications. As such, the request is not medically necessary.