

Case Number:	CM14-0117584		
Date Assigned:	08/06/2014	Date of Injury:	03/08/2013
Decision Date:	11/19/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62 year old who had a work injury dated 3/8/13. The diagnoses include sprain/strain to the lumbar spine, cervical spine, right shoulder, and right hand. Additionally, the patient is diagnosed with rotator cuff syndrome, lumbar radiculopathy, cervical radiculopathy and insomnia and status post hernia repair. Under consideration are requests for Pantoprazole Strength and Quantity Unspecified. There is a 6/18/14 document that states that the patient has low back, neck, shoulder and right hand pain. On exam there is tenderness and loss of range of motion of the neck, low back, right hand, and shoulder. The treatment plan includes Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Strength and Quantity Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or

perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria of being at risk for gastrointestinal events that would require a proton pump inhibitor. Additionally the request as written does not indicate a strength or quantity. Without this the request for Pantoprazole Strength and Quantity Unspecified is not medically necessary.