

Case Number:	CM14-0172489		
Date Assigned:	10/23/2014	Date of Injury:	09/05/2007
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 42-year-old female who has submitted a claim for left shoulder pain, insomnia, medication-related dyspepsia, complex regional pain syndrome and status post left shoulder surgery associated with an industrial injury date of 9/5/2007. Medical records from 2014 were reviewed. The patient complained of neck pain radiating down bilateral upper extremities rated 8/10 in severity and associated with numbness. Pain was relieved to 5/10 upon intake of medications. This resulted to activity limitations particularly in self-care and hygiene, hand function, and sleep. The patient stated that intake of opioids and H2 blocker provided 60% pain relief with improvement in sitting and sleeping. No side effects were noted. There was no perceived aberrant drug behavior. Physical examination showed tenderness and limited motion of the left shoulder. Treatment to date has included stellate ganglion block, left shoulder surgery, physical therapy, and medications such as hydrocodone, Ambien, gabapentin, naproxen, oxycodone, Protonix, tizanidine, and tramadol (since at least May 2014). The utilization review from 10/8/2014 denied the request for pantoprazole 20mg tab because of absence of information concerning failure of first-line therapy, i.e., omeprazole and lansoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole tab 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient was prescribed pantoprazole since May 2014 for medication-related dyspepsia. She reported 60% improvement upon intake of medication. There was a note concerning failure of Protonix prompting pantoprazole prescription. The medical necessity for continuing PPI therapy had been established. However, the present request as submitted failed to specify quantity to be dispensed. The request was incomplete; therefore, the request for Pantoprazole tab 20mg is not medically necessary.