

Case Number:	CM14-0172692		
Date Assigned:	10/23/2014	Date of Injury:	08/01/2002
Decision Date:	12/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old with an injury date on 8/1/02. Patient complains of occasional GI symptoms, and no GI bleeding per 4/8/14 report. The physician gave orders to discontinue Prevacid, and began a trial of Pantoprazole on 8/5/14. Patient could not tolerate Pantoprazole, and is now backing on Prevacid, and still has occasional heartburn per 8/5/14 report. Based on the 8/5/14 progress report provided by [REDACTED] the diagnoses are esophageal reflux and diaphragmatic hernia. Exam on 8/5/14 showed "neck was normal, lungs clear, and abdomen benign." Patient's treatment history includes patients surgery (unspecified) work restrictions, TENS unit, acupuncture, chiropractic treatments, trigger point injections. [REDACTED] is requesting Pantoprazole 20mg Qty: 200. The utilization review determination being challenged is dated 9/17/14 and modifies request from Qty: 200 to Qty: 10. [REDACTED] is the requesting provider, and he provided treatment reports from 4/8/14 to 8/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg Qty: 200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, section on Proton Pump Inhibitors

Decision rationale: This patient presents with occasional GI symptoms. The request is retrospective, with DOS4/6/14. The 4/8/14 report states to discontinue Prevacid and begin Pantoprazole 20mg BID #200. Regarding Protonix, ODG indicates as second-line use for GERD symptoms if trials of Prilosec or Prevacid have failed. In this case, the patient presents with esophageal reflux, and physician attempted a switch from Prevacid to Pantoprazole on 4/8/14. It was later switched back to Prevacid. The retrospective request for Pantoprazole appears indicated for a trial to address the patient's GERD symptoms. Recommendation is for authorization.