

Case Number:	CM14-0048415		
Date Assigned:	07/02/2014	Date of Injury:	04/19/2013
Decision Date:	08/19/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 45-year-old female who reported an injury on 04/19/2013. The mechanism of injury was not provided. On 03/05/2014, the injured worker presented with bilateral shoulder pain. The current medications include Gabapentin, Nabumetone-Relafen, Pantaprozole, Protonix, Voltaren gel, Capsaicin, and Docusate Sodium. The diagnosis was pain in the joint, shoulder. Upon examination, palpation along anterior right superior ribs produced tenderness. The provider recommended Pantaprozole (Protonix) with a quantity of 60; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantaprozole (Protonix) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The included medical documentation does not indicate the injured worker is at moderate to high risk for gastrointestinal events. There were no gastrointestinal symptoms or diagnosis within the medical documentation. Additionally, the injured worker has been prescribed Pantaprozole since at least 12/2013, and the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the dose or frequency of the requested medication. As such, Pantaprozole (Protonix) #60 is not medically necessary.