

Case Number:	CM14-0064221		
Date Assigned:	07/11/2014	Date of Injury:	04/04/2013
Decision Date:	09/17/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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 patient is a 59 year old male employee with date of injury of 4/4/13. A review of the medical records indicates that the patient is undergoing treatment for rotator cuff sprain and strain. Subjective complaints include pain in right shoulder 6/10 on 3/17/14. On 3/17/2014, the treating physician writes the patient "recalls NSAID therapy historically resulted in GI upset with without PPI, with PPI at qd dosing, and with PPI at bid dosing, however denies GI upset with PPI at tid dosing. No history of ulcer, hemoptysis, or hematochezia, denies cardiac history." Objective findings include limited ROM and tenderness in right shoulder and cervical spine (3/17/14); spasm of cervical trapezius/deltoid tie-in. Patient recalls developing adverse GI symptoms after taking Cox-1 first line drugs (Naproxen Sodium 550mg 1/day #90) for pain. The patient recalls that Omeprazole failed as first-line treatment to GI symptoms caused by NSAID (aforementioned Naproxen). Other medications have included Tramadol ER 300mg/day had lessened the effects of opioid Schedule 3 drug (medication not specified). Patient reports that medications enable more ADL such as bathing, cooking and grooming. The utilization review dated 4/16/14 non-certified the retrospective request for Pantoprazole 20mg, QTY: 90 DOS: 03/17/2014 due to failure to consider other first-line medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole 20 mg, QTY: 90 for date of service, 03/17/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient does not meet the guidelines outlined by MTUS. The patient is under 65 years of age, does not have a history of peptic ulcer/GI bleeding/GI perforation, is not concurrently using an anticoagulant, and is not on high dose NSAIDs. The medical documents provided patient-reported historical GI discomfort with NSAID usage and self-reported failure of Omeprazole. However, the treating physician has not provided detailed documentation (i.e. dosage, frequency, length of time) of a failed trial of Omeprazole prior to starting Protonix therapy. Additionally, ODG Guidelines recommend usage of Nexium after failure of Omeprazole/Lansoprazole. Medical records do not indicate failure of Nexium, which is recommended prior to initiation of Protonix. As such, the request Retrospective request for Pantoprazole 20mg, QTY: 90 DOS: 03/17/2014 is not medically necessary.