

Case Number:	CM14-0088319		
Date Assigned:	07/23/2014	Date of Injury:	06/27/2013
Decision Date:	08/27/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 Licensed in Clinical Psychology, 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 48 year old female who was injured on 6/27/13. The diagnoses are right shoulder, cervicalgia, and myofascial pain. The past surgery history is significant for right shoulder surgery on 5/9/14. On 5/19/14, [REDACTED] / [REDACTED] noted subjective complaints of NSAID induced gastrointestinal upset and a history of gastritis. The pain was rated at 7-8/10. The medications are Norco and ibuprofen for pain and pantoprazole for the prevention and treatment of medications induced gastritis. The patient is also utilizing topical Bengay and capsaicin /diclofenac cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg. # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

Decision rationale: The California MTUS addresses the use of proton pump inhibitors for the prevention and treatment of NSAIDs induced gastritis. The records indicate that the patient have

a significant history of NSAID induced gastritis and gastrointestinal upset. The patient is able to tolerate NSAIDs with the concurrent utilization of pantoprazole. The records indicates that the use of NSAIDs is associated with significant decrease in pain scores and increase in activities of daily living/function. The criteria for the use of pantoprazole was met. As such, the request is medically necessary.