

Case Number:	CM14-0194927		
Date Assigned:	12/02/2014	Date of Injury:	08/23/2010
Decision Date:	01/14/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/20/2014

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, and is licensed to practice in North Carolina. 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 41-year-old female who reported an injury on 08/23/2010 with an unspecified mechanism of injury at the levels of the head, shoulder, and wrist with associated sleep issues. The physical examination revealed mild pain at levels of the head, shoulder, and wrist with tenderness. Her diagnoses include sprain/strain of the elbow/arm, enthesopathy of the wrist carpus, and sprain/strain of the shoulder and arm. Her past treatments included medication. Documentation regarding pertinent diagnostic studies and surgical history was not provided for review. Her medication included Pantoprazole 20 mg. The treatment plan included Pantoprazole 20 mg and a urinalysis to determine GI distress. A Request for Authorization form was submitted on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The request for pantoprazole 20 mg #30 is not medically necessary. According to the California MTUS Guidelines, patients should be assessed to determine if there is risk for gastrointestinal events to include: being over 65 years old; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASAs and corticosteroid injections, and/or anticoagulants; and a use of high dose/multiple NSAIDs. The injured worker is indicated to have chronic pain in the shoulder, elbow, and arm. The documentation also noted the injured worker to have been on Pantoprazole for an undetermined duration of time. However, the documentation failed to provide evidence the injured worker is over the age of 65, has any significant increased risk for GI events, or is currently using ASAs, corticosteroids, anticoagulants, or a high dose/multiple NSAIDs. In the absence of the required documentation, the request is not supported by the evidence based guidelines. Therefore, this request is not medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a urinalysis is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option using urine drug screens to assess for the use or the presence of illegal drugs. The injured worker was noted to have been on pantoprazole for an unspecified duration of time. However, the documentation failed to indicate the injured worker to have been on any opioids or illegal drugs. As drug testing is only used to assess for the use or the presence of illegal drugs, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.