

Case Number:	CM14-0208116		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2011
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Board Certified in Family Practice and is licensed to practice in New Jersey. 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 worker is a 32 year old female who was injured on 3/1/2011. She was diagnosed with right shoulder partial tear supraspinatus with tendinitis/labral/tear/acromioclavicular osteoarthopathy. She was treated with physical therapy, medications, heat/cold application, TENS, injections, and activity modification. On 10/3/14, the worker was seen by her primary treating physician reporting right shoulder pain, rated 6/10 on the pain scale. Right medial elbow pain was also reported at a rating of 5/10 on the pain scale. She mentioned that she had insomnia and that Ambien helped with this. She reported tramadol being used for pain. NSAID use (naproxen 550 mg taken three times daily) reportedly helps her pain as well, however, she reported that she would get gastrointestinal upset if she did not also use a proton pump inhibitor such as pantoprazole, which she was taking at the time. She, however, did not report any history of ulcer, hemoptysis, hematochezia, or cardiac history. She also reported using a muscle relaxant. She was then recommended to continue her medications,

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG #60 TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she was using Naproxen sodium 550 mg three times daily and required pantoprazole 20 mg three times daily in order to compensate for the GI upset the Naproxen brought on. There was no other medical history or evidence suggesting this worker was at an elevated risk for a gastrointestinal event. Symptomatic relief is not sufficient reason to consider pantoprazole a medical necessity without history of elevated risk of gastrointestinal events regardless of NSAID use. Also, in the opinion of the reviewer, reducing the NSAID frequency or dose would be more reasonable, considering the risks associated with long-term use of NSAIDs and the need for pantoprazole may be less for symptomatic relief, allowing the worker to not require more than manufacture-recommended 40 mg/day maximum dosing. Considering these factors, the worker does not quite meet the criteria for chronic PPI use in the doses she has been using, and therefore, the pantoprazole 20 mg three times daily is not medically necessary to continue. Weaning is recommended.