

Case Number:	CM14-0216742		
Date Assigned:	01/06/2015	Date of Injury:	11/15/2010
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

63 year old male with date of injury 11/15/2010 continues care with the treating physician. Patient has multiple pain issues including low back pain, left knee pain, and right shoulder pain. Physical findings show tenderness in the areas of complaint. He is status post L5-S1 decompression, status post right total knee arthroplasty, status post right shoulder arthroscopy. He is maintained on a medication regimen that includes Tramadol, Flexeril and over the counter Ibuprofen (dose not specified), as well as Pantoprazole. The treating physician notes that patient has had stomach upset when taking lower dose Pantoprazole, or no Pantoprazole. No history of ulcers or cardiovascular disease. The treating physician requests refill on Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.drugs.com-Pantoprazole

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 68.

Decision rationale: Per the Guidelines, a patient at intermediate risk for gastrointestinal event, but at no risk from cardiovascular event, would need a non-selective non-steroidal anti-inflammatory drug, and Proton Pump Inhibitor to protect stomach. Non-steroidal anti-inflammatory drugs do carry risks of gastrointestinal symptoms and cardiovascular and renal effects. The following questions should be taken into consideration when providing non-steroidal anti-inflammatory drugs for pain patients:(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).For the patient of concern, one of the medication requests indicates that he has had stomach upset with lower doses of proton pump inhibitor. That request also indicates patient has not had ulcers or gastrointestinal bleeding. Gastrointestinal issues are not mentioned elsewhere in the record. There is no documentation of high dose non-steroidal anti-inflammatory drug or multiple drugs that increase risk of gastrointestinal event. Patient is less than 65 years old without documented significant gastrointestinal risk factors, so the Protonix is not medically indicated.