

Case Number:	CM14-0218830		
Date Assigned:	01/08/2015	Date of Injury:	01/10/2005
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: Pennsylvania

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:

The injured worker is a 38 year old male, who sustained an industrial injury on January 10, 2005. The injured worker has continued complaint of right wrist and hand pain. The diagnoses have included right first and second extensor tendon laceration status post repair. Treatment to date has included bracing, medications, transcutaneous electrical nerve stimulation unit, and surgery. Current medications are Tramadol ER, Naproxen, and Protonix (Pantoprazole). The records on October 17, 2014, indicate the Protonix (Pantoprazole) is prescribed to treat stomach upset from taking medications. The request for authorization is for one (1) prescription of Pantoprazole 20 mg, quantity #60. The primary diagnosis is limb pain. On December 3, 2014, Utilization Review non-certified the request for one (1) prescription of Pantoprazole 20 mg, quantity #60, based on MTUS, Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: Proton pump inhibitors such as pantoprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. PPI for "stomach upset" from medications is not specific and not an indication for a PPI. Therefore, pantoprazole cannot be considered to be medically necessary.