

Case Number:	CM15-0003349		
Date Assigned:	01/14/2015	Date of Injury:	04/25/2008
Decision Date:	03/09/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on April 25, 2008, while pushing a dolly up a ramp. He has reported feeling a popping and tingling sensation in the right shoulder, radiating down to the right hand, and a sharp pain at the top of his back, radiating down to the buttocks. The diagnoses have included orthopedic diagnoses, psychiatric diagnosis, abdominal pain, constipation, and gastropathy secondary to non-steroid anti-inflammatory drugs (NSAIDs), suspect ulcer/anatomical alteration worsening. Treatment to date has included physical therapy, chiropractic treatment, injections, psychological treatments, dietary modifications, and oral and topical medications. Currently, the injured worker complains of abdominal pain, constipation, reflux, bloating, and bright red blood per rectum. The Secondary Treating Physician's report dated November 6, 2014, noted the injured worker with less frequent abdominal pain, with no change in the other symptoms. Physical examination was noted to show a soft abdomen with normoactive bowel sounds. The Physician recommended the injured worker avoid NSAIDs, increase fluid intake, and follow a low fat, low acid diet. On December 18, 2014, Utilization Review non-certified Pantoprazole 40mg, thirty tablets, noting it was unclear why the injured worker was prescribed two proton pump inhibitors, therefore the request did not meet the criteria for medical necessity, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG) Pain Chapter. On January 7, 2015, the injured worker submitted an application for IMR for review of Pantoprazole 40mg, thirty tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg - 30 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/176595-treatment#aw2aab6b6b3>

Decision rationale: MTUS Guidelines support the use of Proton Pump Inhibitors when there are gastric symptoms related to the use of NSAIDs or other medications. Usual and customary dosing of Prilosec is used as a Guideline example. There is no Guidelines support for the use of 2 Proton Pump Inhibitor medications (Dexilant and Pantoprazole) for this patients condition. For unusual situations standard practice recommendations support the use of or more than 1 medication if the medications utilize different mechanisms of of action. No literature could be found supporting the concurrent use of 2 medications of the same class i.e. proton pump inhibitors. Under these circumstances the Pantaprazole 40mg. #30 tabs is not medically necessary.