

Case Number:	CM15-0004876		
Date Assigned:	01/16/2015	Date of Injury:	07/08/2010
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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: Internal 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 46 year old male, who sustained an industrial injury on July 8, 2010. The mechanism of injury is unknown. He was noted to be status post bilateral lung transplants and is now on an immunosuppressive regimen. The diagnoses have included status post bilateral lung transplantation industrial, diabetes, medications causing multiple difficulties, gastroesophageal reflux disease and sleep maintenance insomnia secondary to medication. Treatment to date has included diagnostic studies, surgery and medications. On May 1, 2014, the injured worker complained of chest pain, gastroesophageal reflux disease, sleep maintenance insomnia, anxiety, memory loss and fatigue. On December 29, 2014, Utilization Review non-certified Pantoprazole Sodium 40 milligrams, noting the Official Disability Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Pantoprazole Sodium 40 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium 40 MG: Overturned

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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The qualified medical examiner report dated May 1, 2014 documented a history of gastroesophageal reflux disease GERD symptoms. The patient had reports proton pump inhibitor medication have substantially ameliorated symptoms of reflux. Discontinuation of proton pump inhibitors cause a severe increase in reflux symptoms, that is ameliorated with the resumption of proton pump inhibitors. Medical history includes status post bilateral lung transplantation which is industrial, history of carbide toxicity, chronic corticosteroid use, GERD secondary to immunosuppressive drugs. Medical records document chronic corticosteroid use and immunosuppressive drugs, which are gastrointestinal risk factors. MTUS guidelines support the use of a proton pump inhibitor, such as Pantoprazole (Protonix), in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Pantoprazole (Protonix). Therefore, the request for Pantoprazole is medically necessary.