

Case Number:	CM15-0008786		
Date Assigned:	01/26/2015	Date of Injury:	06/26/2009
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/15/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 66-year-old male who reported injury on 06/26/2009. The injured worker was noted to undergo fusion at the cervical spine. The mechanism of injury was the injured worker was using an electric handsaw to cut a large metal tank, approximately 60 feet high, and as he was cutting the tank, it started to bend and some pieces struck him on the neck and right shoulder. The documentation of 11/19/2014 revealed the injured worker was getting gastric reflux while lying down and sometimes in the morning. The objective examination was difficult to read as it was handwritten. The diagnosis was GERD. The treatment plan was noted to include DC all NSAIDs and omeprazole 20 mg. The documentation indicated the request was made to start pantoprazole 20 mg 1 po bid #60 and for the injured worker to utilize a GERD diet.

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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the physician was discontinuing all NSAIDs and the injured worker's omeprazole, and having the injured worker start a GERD diet and Pantoprazole. There was a lack of efficacy of the treatment prior to the injured worker being re-evaluated to support that the injured worker had a failure of the GERD diet and discontinuation of the NSAIDS and omeprazole to support the use of pantoprazole. As such, this request would not be supported. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg #60 is not medically necessary.