

Case Number:	CM15-0104407		
Date Assigned:	06/12/2015	Date of Injury:	08/26/2002
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California
 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:

This 51 year old female sustained an industrial injury on 8/26/02. She subsequently reported neck, left shoulder, low back and knee pain. Diagnoses include left shoulder impingement syndrome and lumbar disc disease. Treatments to date include x-ray and MRI testing, shoulder surgery, acupuncture, chiropractic care and prescription pain medications. The injured worker continues to experience neck, left shoulder, low back and knee pain. Upon examination, tenderness to palpation over the bilateral paracervical muscles with myospasms and trigger points in the left upper trapezius. Left shoulder range of motion was reduced. There was positive impingement sign on the left. There was tenderness over the medial joint line of the right knee. A request for Pantoprazole medication was made by the treating physician. The patient has had history of GERD and heart burn that was alleviated with Omeprazole and it was increased without Omeprazole. Lately, the omeprazole has been less effective per the notes, therefore Pantoprazole was requested. Per the notes the pt developed GERD after the use of NSAIDS and the pt is now avoiding NSAIDS. The medication list includes tramadol, Lisinopril, Atenolol and omeprazole. Per note dated 6/9/15 patient had complaints of pain in neck and back at 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40 MG Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Pantoprazole 40 MG Qty 120 Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The patient has had history of GERD and heart burn that was alleviated with Omeprazole and it was increased without Omeprazole. Lately, the omeprazole has been less effective per the notes, therefore Pantoprazole was requested. Per the notes the pt developed GERD after the use of NSAIDS and the pt is now avoiding NSAIDS. The request for Pantoprazole 40 MG Qty 120 is medically necessary and appropriate for this patient.