

Case Number:	CM15-0108615		
Date Assigned:	06/12/2015	Date of Injury:	01/24/2008
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Ohio, North Carolina, Virginia
 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 41 year old male, who sustained an industrial injury on 1/24/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having pain in shoulder joint and status post left shoulder arthroscopy 5/2008. Treatment to date has included shoulder surgeries x 2, diagnostics, and medications. On 4/09/2015, the injured worker complains of significant pain in both shoulders, worse with activity and use of his upper extremities. A cortisone injection was recommended but he was waiting to see his primary care physician to see if it was ok due to his diabetes. He reported that his blood sugars were fairly stable with use of diabetic medications. He also reported that the increased Methadone dose in the evening was more helpful for his sleep. It was documented that the Methadone did initially help him sleep better but he report more difficulty over the past month. He denied gastro-intestinal symptoms. His past medical history noted depression, although a review of symptoms noted depression as currently denied. Physical exam noted no abnormalities with gait or station and normal muscle tone in all extremities. Current medications included Pantoprazole, Voltaren gel, Nabumetone, Cymbalta, Gabapentin, and Methadone. His work status was permanent and stationary. On 5/12/2015, the injured worker denied acute changes in his pain since his last visit. Medication refills were requested. The use of Methadone and Pantoprazole was noted since at least 12/2014. Pain levels were not documented and urine toxicology was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg, #60: 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, and cardiovascular risk Page(s): 69.

Decision rationale: For the treatment of dyspepsia secondary to NSAID therapy, the guidelines suggest stopping or switching to a different NSAID, adding an H2 blocker, or a proton pump inhibitor. In this instance, Protonix was previously non-certified because of a lack of ongoing symptoms from the gastrointestinal system. However, the treating physician noted that there has been NSAID related nausea, reflux, and bloating dating back to 2009. Further, the injured worker continues to experience these symptoms intermittently for which he takes the PPI Protonix. Therefore, Pantoprazole 20 mg, #60, is medically necessary and appropriate.