

Case Number:	CM15-0108856		
Date Assigned:	06/16/2015	Date of Injury:	08/26/2002
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 51 year old female who sustained an industrial injury on 8/26/02 while pulling a cart. She felt immediate left shoulder and low back pain. She had no medical evaluation. In 2008, she sustained injuries to her hands and knees after a fall and was not medically evaluated. In 2009 she was terminated from her job and then received MRI of the lumbar spine (5/22/09) showing multilevel disc disease, protrusion and facet arthropathy; electrodiagnostic studies of the lower extremities (5/5/09) showing acute right L5-S1 and left S1 radiculopathies; MRI of the cervical spine revealed abnormalities; MR scan of the left shoulder (6/09) revealed impingement syndrome. She currently complains of ongoing neck, left shoulder, low back and knee pain. She is status post three left shoulder surgeries. She has sleep disturbances. On physical exam there was tenderness to palpation over bilateral paracervical muscles more on the left with myospasm and trigger points in the left upper trapezius; there was pain in the left shoulder with crepitus and tender trigger points; right knee tenderness over the medial joint line; there was crepitus on extension of the left knee; positive Clark's test. Her activities of daily living are compromised due to pain. Medications are omeprazole, Tramadol. Diagnoses include three left shoulder surgeries the lasts (3/6/13); persistent left shoulder impingement syndrome; periscapular myofascitis; lumbar disc disease; right and left knee internal derangement; right knee chronic sprain and medial meniscal injury; headaches; sleep disorder; gastroesophageal reflux disease. Treatments to date include medications; psychological evaluation. Diagnostics include MRI of the lumbar spine (5/22/09) showing disc protrusion; electromyography (5/6/09) showing acute right L5-S1 and left S1 radiculopathies. In the progress note dated 5/8/15 the treating provider's plan of care includes a request for pantoprazole 40 mg one to two times per day ½ hour prior to meals. The omeprazole was ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.