

Case Number:	CM15-0135938		
Date Assigned:	07/23/2015	Date of Injury:	12/11/2011
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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, North Carolina
 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 54-year-old female who sustained an industrial injury on 12/11/11. The mechanism of injury was unclear. She currently complains of limited range of motion and weakness of the right shoulder; neck pain radiating into the arm toward elbow with numbness, tingling, burning of hands bilaterally right greater than left. Medications were not specifically identified. Diagnoses include right shoulder rotator cuff tear, right shoulder impingement syndrome with tendinitis/ bursitis, status post right shoulder diagnostic arthroscopy; bilateral knee chondromalacia patella; right knee medial meniscus tear versus degeneration; cervical degenerative disc disease; cervical disc herniation; thoracic sprain/ strain; lumbar degenerative disc disease; lumbar degenerative disc herniation; right carpal tunnel syndrome. Treatments to date include physical therapy with modest improvement (per 4/1/15 note); cortisone injection to the left knee with benefit. On 6/25/15, Utilization Review evaluated a request for pantoprazole 20 mg #60 for the bilateral shoulders, right knee, cervical spine, thoracic spine, lumbar spine and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60 for the bilateral shoulders, right knee, cervical spine, thoracic spine and lumbar spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS states Proton Pump Inhibitors (PPI) like Pantoprazole (Protonix) are prescribed for patients at risk of GI events. The MTUS states that risk factors include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or anticoagulants, or high dose/multiple NSAIDs. This patient is 54 years old with no history of peptic ulcer, GI bleeding or perforations. Progress notes do not document the use of ASA, corticosteroids or anticoagulants. Thus, the patient does not have any risk factors for a GI event. The patient is prescribed an NSAID, Naprosyn, however prescribing Protonix, as a prophylactic measure is not recommended and not medically necessary.