

Case Number:	CM15-0143152		
Date Assigned:	08/04/2015	Date of Injury:	06/09/2004
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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
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 60 year old male, who sustained an industrial injury on 06-09-2004. The injured worker is currently off work, permanently disabled, and permanent and stationary. The injured worker is currently diagnosed as having left knee strain with torn medial meniscus status post arthroscopy and partial medial meniscectomy on 10-25-2004, left calf contusion, reflex sympathetic dystrophy, industrial stress syndrome and depression, and left lower extremity deep vein thrombosis. Treatment and diagnostics to date has included left knee surgery, and current medications include Ultram ER, Relafen, Protonix, Elavil, and Coumadin. In a progress note dated 05-26-2015, the injured worker reported left calf pain and swelling, left knee pain, left hip pain, and left ankle pain. Objective findings included left lower extremity swelling and left calf tenderness. The treating physician reported requesting authorization for Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Pantoprazole 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Relafen but on several URs, it is not medically recommended. There are no dyspepsia complaints. Patient is noted to be increased risk for GI bleeding due to being on coumadin. As per Official Disability Guidelines, pantoprazole is considered a 2nd line PPI; it is unclear why provider has chosen a 2nd line PPI. While patient may require a PPI if NSAIDs are continued, UR does not recommend PPI and the number of requested tablets with refills is not appropriate or consistent with guidelines. Pantoprazole is not medically necessary.