

Case Number:	CM15-0163689		
Date Assigned:	08/31/2015	Date of Injury:	06/10/1999
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: Physical Medicine & Rehabilitation

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 61 year old female who sustained an industrial injury on 06-10-99. Initial complaints and diagnoses are not available. Treatments to date include bilateral carpal tunnel release, bracing, and medication. Diagnostic studies are not addressed. Current complaints include continued pain. Current diagnoses include shoulder joint pain, carpal tunnel syndrome, enthesopathy of the wrist, and chronic pain. In a progress note dated 07-31-15 the treating provider reports the plan of care as continued unspecified medications and return to clinic in 2 months. The requested treatment includes pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg #30: Upheld

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): 69.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with pain in the hands/shoulders, rated 6-8/10 on VAS scale. The treater has asked for PANTOPRAZOLE 20 MG #30 on 7/21/15. The request for authorization was not included in provided reports. The patient is s/p medication, bilateral wrist splints per 7/21/15 report. The patient had surgery of his hands, unspecified, on 1999 per 5/1/15 report. The patient is currently on Neurontin, Motrin, Lidoderm and Protonix per 5/1/15 report. Without medications, the patient would be unable to do activities of daily living, and the current meds do give relief per 7/21/15 report. The patient's work status is not included in the provided documentation. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section pg. 69: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The treater does not discuss this request in the reports provided. The treater is requesting a refill of Pantoprazole. The treater states that the patient has been taking Motrin, and the patient is currently taking Protonix as of 5/1/15 report. There are no documented side effects of medication regimen per review of reports. In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. There is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. Per utilization review letter dated 8/13/15, the patient has documented ulcer disease, but no symptoms were reported. The patient has been taking a PPI for at least 2 months, and the treater does not discuss why this medication should be continued. The request IS NOT medically necessary.