

Case Number:	CM15-0195673		
Date Assigned:	10/09/2015	Date of Injury:	04/10/2013
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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 Jersey

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:

This is a 48-year-old male with a date of industrial injury 4-10-2013. The medical records indicated the injured worker (IW) was treated for lateral epicondylitis and pain in joint, upper arm. In the progress notes (8-19-15), the IW reported pain and weakness in the left elbow. Medications included Diclofenac ER 100mg for inflammation and swelling, Tramadol HCL 150mg and Pantoprazole ER 20mg (since at least 3-2015) to prevent gastritis or heartburn. A prescription for Norco was also given. On examination (8-19-15 notes), there was limited range of motion in the left elbow. Treatments included home exercise program and medications. X-rays of the left elbow and forearm (8-19-15) showed no increase in osteoarthritis. The IW was on modified duty. There was no documentation of gastrointestinal issues for the IW. A Request for Authorization was received for Pantoprazole sodium ER 20mg, #50. The Utilization Review on 9-9-15 non-certified the request for Pantoprazole sodium ER 20mg, #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium ER 20mg, #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, the records provided for review (limited) showed use of pantoprazole along with diclofenac on a chronic basis leading up to this request for renewal. However, as there was no medical history provided or any other evidence to show this worker was at an elevated risk for gastrointestinal events, there was no found documented justification for the ongoing pantoprazole, considering its side effect potential with chronic use. Therefore, this request is not medically necessary. Weaning may be helpful.