

Case Number:	CM15-0020661		
Date Assigned:	02/10/2015	Date of Injury:	03/24/2010
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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 41 year old female, who sustained an industrial injury on 3/24/10. The injured worker has complaints of left arm pain. She has had 7 surgeries in her left wrist and has constant aching, cramping, burning pain in left arm with frequent sharp shooting pain and tingling sensation radiating throughout her left arm wrist and hand. The diagnoses have included pain in limb; reflex sympathetic dystrophy of the upper limb; neuralgia, neuritis and radiculitis, unspecified. Treatment to date has included physical therapy, occupational therapy, home exercises and medications. The documentation noted that omeprazole was stopped; however, the reason for discontinuation was not noted. According to the utilization review performed on 1/29/15, the requested Naproxen 550mg 2 daily #60 with no refills has been certified and the requested Pantoprazole 20mg twice daily #60 has been non-certify. The utilization review noted that pantoprazole is considered a second line medication and it should be clarified as to why omeprazole was discontinued prior to determining whether pantoprazole is medically indicated. CA MTUS: Chronic Pain Medical Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal and cardiovascular risk; Official Disability Guidelines: Pain Chapter was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Pantoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Pantoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Pantoprazole 20mg twice daily #60 is not medically necessary and appropriate.