

<b>Case Number:</b>	CM15-0223245		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: 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 65 year old female, who sustained an industrial injury on 3-23-12. Medical records indicate that the injured worker is undergoing treatment for cervical disc disease, lumbar disc disease, rule out cervical radiculopathy, adhesive capsulitis of the shoulder, rule out carpal tunnel syndrome, lumbar disc protrusion, degenerative joint disease of the hip, degenerative joint disease of the knee, left knee medial meniscus tear and gastritis-gastroesophageal reflux disease. The injured worker is currently not working. On (10-27-15) the injured worker complained of ongoing heartburn and reflux usually at night time. The injured worker has been taking omeprazole which helps but is "not enough." Examination of the abdomen revealed mild epigastric tenderness to palpation. The abdomen was soft with no guarding. The treating physician discontinued the injured workers Advil and changed the injured workers omeprazole to pantoprazole. The treating physician noted that the injured worker had been taking omeprazole for greater than 60 days. The injured worker is to follow a gastroesophageal reflux disease diet. Treatment and evaluation to date has included medications, MRI of the lumbar spine, physical therapy, acupuncture treatments and psychological management. Current medications include Lexapro, Omeprazole (since at least May of 2015), Advil, Losartan, Atenolol, Triamterene-hydrothiazide and Simvastatin. The current treatment requests include Pantoprazole 40mg #60 and an upper gastrointestinal series. The Utilization Review documentation dated 10-5-15 non-certified the requests for Pantoprazole 40mg #60 and an upper gastrointestinal series.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Upper GI Series Tests: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Upper GI series.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The UpToDate guidelines recommend the use of upper GI series in the evaluation of dysphagia, reflux diseases complaints and potential esophageal diseases states / abnormalities. The patient has the diagnosis of symptomatic GERD controlled on medication. The need for an exam is not established, as there are no other abnormalities on exam or history. Therefore, the request is not medically necessary.

### **Pantoprazole 40mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Pantoprazole.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of GERD, gastritis and peptic ulcer diseases. The patient does have these diagnoses and has documentation of symptoms and findings on exam. Therefore, the request is medically necessary.