

Case Number:	CM15-0030280		
Date Assigned:	02/23/2015	Date of Injury:	03/02/2012
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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 York, West Virginia, Pennsylvania
 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 39 year old male, who sustained an industrial injury on March 2, 2012. The injured worker was diagnosed as having lumbar decompression, recurrent lumbosacral disc protrusion, lumbar disc protrusion and left shoulder recurrent dislocation. Treatment to date has included physical therapy and medications. A progress note signed January 3, 2015 the injured worker complains of left shoulder pain rated 7/10. The plan is for additional physical therapy, continue Transcutaneous Electrical Nerve Stimulation (TENS) unit therapy, follow with psychologist and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gi symptoms.

Decision rationale: Guidelines state that patients at risk for GI and cardiovascular risk factors may benefit therapy with a proton pump inhibitor. In this case, there is no documentation of age over 65, history of peptic ulcer, gi bleeding or perforation, concurrent use of aspirin or steroids, and high dose or multiple NSAIDs. Thus, the request for a proton pump inhibitor is not medically necessary and appropriate.