

Case Number:	CM15-0040441		
Date Assigned:	03/10/2015	Date of Injury:	09/08/2014
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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 48 year old female, who sustained an industrial injury on September 8, 2014. She reported injury of her neck and right shoulder after an elevator abruptly stopped, causing her to fall. The injured worker was diagnosed as having neck muscle strain, and right trapezius strain. Treatment to date has included x-rays, modified duty, physical therapy, and medications. On October 8, 2014, an x-ray of the cervical spine reveals mild C6-C7 spondylosis. On September 15, 2014, she reports increasing pain of the low back, legs, and neck. She feels the pain goes into her head. She indicates she tried Robaxin and did not like how it made her feel. Physical findings at this time are noted to be right side neck tenderness, right shoulder tightness, Hawkins impingement sign is positive, and cross body adduction is positive. On February 16, 2015, she currently complains of intermittent neck pain which she rates as 5/10 on pain scale, and radiation into the shoulder, and numbness, tingling and headaches. She indicates her right shoulder pain to be a 5/10, and being unable to reach overhead. She denies any gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Per the 02/16/15 report the patient presents with neck, bilateral shoulder, bilateral knee, and back complaints. The current request is for PANTOPRAZOLE 20mg #60. The RFA is not included. The 02/27/15 utilization review states 3 RFAs dated from 09/25/14 to 02/16/15 were reviewed. The patient is working. Pantoprazole is a Proton Pump Inhibitor very similar to Omeprazole. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided for review do not state exactly how long the patient has been prescribed the requested medication. It is first listed on the 02/16/15 report along with Ibuprofen/Motrin, Tramadol, Nalfon, Flexeril and Trazodone. The treater states this medication is prescribed for stomach upset. The patient is prescribed NSAIDs; however, there is no discussion in the reports provided of GI issues for this patient. The report states that the patient denies nausea and vomiting. Furthermore, there is no GI assessment as required by the MTUS guidelines. In this case, the request IS NOT medically necessary.