

Case Number:	CM15-0053576		
Date Assigned:	03/27/2015	Date of Injury:	03/14/2010
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York
 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 48 year old female, who sustained an industrial injury on 3/14/2010. The current diagnoses are discogenic lumbar disease, discogenic cervical disease, impingement syndrome of the right shoulder, internal derangement of the left knee, bilateral carpal tunnel syndrome, and chronic pain syndrome. According to the progress report dated 3/6/2015, the injured worker complains of headaches and pain in the right shoulder and neck. Treatment to date has included medication management, MRI, physical therapy, epidural steroid injections, and injections to the left knee. The plan of care includes prescription for Pantoprazole, Eszopiclone, Fenoprofen Calcium, Tramadol, Norco, pain management consult, and MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg #60 date of service 3/6/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI.

Decision rationale: The request for Pantoprazole is not medically necessary. The patient has also been prescribed NSAIDs and opioids previously but there was no documentation of current use. The patient had GI symptoms with medication use but without documentation of current use of NSAIDs there is no need for use of Pantoprazole. There was no rationale on why Pantoprazole was prescribed as it is not the first-line PPI to use. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.