

Case Number:	CM15-0086986		
Date Assigned:	05/11/2015	Date of Injury:	08/20/2009
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 49 year old female, who sustained an industrial/work injury on 8/20/09. She reported initial complaints of shoulder pain. The injured worker was diagnosed as having calcifying tendinitis of shoulder, strain, rotator cuff (capsule) sprain and strain. Treatment to date has included medication, acupuncture, and surgery (left shoulder arthroscopy with subacromial decompression and anterior acromioplasty). MRI results were reported on 1/5/10 of the shoulder revealed impingement and rotator cuff tendinopathy. MRI of the cervical spine on 6/30/14 revealed multilevel degenerative disc disease and degenerative joint disease. Currently, the injured worker complains of right sided neck, upper back, and shoulder pain. Per the primary physician's progress report (PR-2) on 3/3/15, examination revealed 1+ tenderness over the anterior acromion, ALJ, trapezius, and right interscapular area, range of motion at flexion at 160 degrees, extension at 50 degrees, abduction at 150 degrees, internal rotation at 60 degrees, and external rotation at 90 degrees, muscle strength at 4+/5, and positive for impingement signs of the right shoulder. The left shoulder revealed 1+ tenderness, flexion at 180, external rotation at 90 degrees. Current plan of care included medication, chiropractic treatments, ice, and transcutaneous electrical nerve stimulation (TENS) unit. The requested treatments include Pantoprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has right sided neck, upper back, and shoulder pain. Per the primary physician's progress report (PR-2) on 3/3/15, examination revealed 1+ tenderness over the anterior acromion, ALJ, trapezius, and right interscapular area, range of motion at flexion at 160 degrees, extension at 50 degrees, abduction at 150 degrees, internal rotation at 60 degrees, and external rotation at 90 degrees, muscle strength at 4+/5, and positive for impingement signs of the right shoulder. The left shoulder revealed 1+ tenderness, flexion at 180, external rotation at 90 degrees. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20 mg Qty 60 is not medically necessary.