MAXIMUS Federal Services

Case Number:	CM14-0181580		
Date Assigned:	11/06/2014	Date of Injury:	02/11/2005
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker (IW) is a 59 year old female who sustained an industrial injury on 02/11/05. Cervical MRI performed 07/13/14 due to complaints of neck and left shoulder pain showed mild disc bulges at multiple levels, without neural compression or spinal stenosis. Left shoulder MRI revealed a rotator cuff tear, possible labral tear, and mild acromioclavicular joint degenerative changes. She has been prescribed the NSAID naproxen and the proton pump inhibitor (PPI) Protonix (pantoprazole). Concurrent use of the SSRI antidepressant paroxetine is documented. Comorbidities including diabetes, cholesterol, depression, anxiety, and hypertension are documented. No gastrointestinal disorders or complaints other than constipation are documented. In 11/05/14 review of systems, she specifically denied heartburn or change in bowel habits. She is s/p left shoulder surgery on 11/07/14.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs)

Decision rationale: MTUS recommends consideration for use of a proton pump inhibitor as a gastro protective agent for patients receiving NSAID therapy who are at risk for gastrointestinal adverse events with NSAIDs. MTUS notes that the concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. Due to concurrent SSRI use and recent postsurgical status in this case IW would be considered at increased risk for GI side effects with NSAID use and would be a candidate for use of a PPI. MTUS is silent concerning choice of PPIs, and therefore ODG was consulted. ODG considers pantoprazole to be a second-line PPI for use with NSAIDs, and does not recommend use of pantoprazole unless there has been failure of a previous trial of first-line PPI including omeprazole or Lansprazole. Since previous trial of a first-line PPI is not documented, medical necessity is not established for the requested pantoprazole.