

Case Number:	CM14-0216305		
Date Assigned:	01/06/2015	Date of Injury:	10/17/2002
Decision Date:	02/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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:

Patient with reported date of injury on 10/17/2002. Patient has a diagnosis of carpal tunnel syndrome, thoracic/thoracolumbar intervertebral disc degeneration, thoracic sprain/strain and myalgia/myositis. Medical reports reviewed. Last report available until 10/23/14. Patient complains of neck pain, midback pain and L shoulder pain. Pain is 6/10. Medications are "helping". Objective exam reveals patient in no pain. Cervical spine with paravertebral tenderness with spinous process tenderness at C3-C7. Sensory exam is normal. Multiple trigger points along paravertebral muscles on cervical and thoracic spine. Current medications include Naproxen and Pantoprazole. Patient has undergone physical therapy. Independent Medical Review is for Pantoprazole 20mg #unknown. Prior Utilization Review on 12/12/14 recommended non-certification. It also non-certified multiple other prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sod Dr 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

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

Decision rationale: Pantoprazole is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Naproxen. There is no dyspepsia complaints. Patient has no risk factors for increased risk for peptic ulcer disease or gastric bleeding. Provider has not documented any rationale for this prescription. This prescription is incomplete with no total number of tablets or refills noted. Pantoprazole is not medically necessary.