

Case Number:	CM15-0000633		
Date Assigned:	01/12/2015	Date of Injury:	04/29/2012
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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 63 year old female, who sustained an industrial injury on 4/29/12. She reported pain in the neck and right shoulder. The diagnoses include cervical pain with upper extremity symptoms, status post remote right shoulder surgery and status post right shoulder rotator cuff repair. Treatment to date has included surgery, TENS unit, physical therapy and oral medications. As of the progress note on 12/19/14, the injured worker reported 6/10 right shoulder pain and greater range of motion. The treating physician is requesting to continue Pantoprazole due to the long-term effects of chronic NSAID use. On 12/23/14 Utilization Review non-certified a prescription for Pantoprazole 20mg noting the MTUS guidelines on chronic pain and non-steroidal anti-inflammatory drugs (NSAIDs) gastrointestinal (GI) symptoms. On 1/2/15, the injured worker submitted an application for IMR for review of Pantoprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Tab 20 MG: Overturned

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): 69. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/protonix.html>

Decision rationale: The 53 year old patient presents with right shoulder pain, rated at 6/10, and cervical pain with right greater than left upper extremity symptoms, as per progress report dated 12/19/14. The request is for PANTOPRAZOLE TAB 20 mg. There is no Request for Authorization form for this case. The date of injury is 04/29/12. The patient is status post right shoulder rotator cuff repair/subacromial decompression and status post remote right shoulder surgery --- dates of the procedures are not mentioned---. Medications, as per progress report dated 10/24/14, include Tramadol, Cyclobenzaprine, Naproxen and Pantoprazole. The patient is temporarily partially disabled with no use of right upper extremity at or above shoulder level, as per progress report dated 12/19/14. Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. of GI issues. Recommendation is for denial. specific request, however FDA indications <http://www.drugs.com/pro/protonix.html>, are present " PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis."In this case, the request in the UR letter says Pantoprazole 20 mg but does not include the quantity. The latest progress report prior to the UR denial date, however, states that the quantity is # 90. A prescription for Pantoprazole and Naproxen (NSAID) was first noted in progress report dated 07/09/14 and the patient has been receiving the medications consistently at least since then. In progress report dated 12/19/14, the treater states that the patient has history of GI upset with NSAID therapy 'without PPI, with PPI at qd dosing, and with PPI at bid dosing however denied GI upset with PPI at tid dosing.' Additionally, the treater also states in the same report that the patient is at 'intermediate risk' for developing adverse GI events with NSAID use and first-line Omeprazole was not efficacious in managing these GI events. In this case, treater has discussed patient's GI risk. He has documented failure of Omeprazole and current medication's prophylactic efficacy in maintaining patient's adherence to NSAIDs. Continued use of this PPI appears reasonable given its benefit. This request IS medically necessary.