

Case Number:	CM15-0015497		
Date Assigned:	02/03/2015	Date of Injury:	11/21/2012
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 54 year old male sustained a work related injury on 11/21/2012. According to a progress report dated 12/04/2014, the injured worker complained of wrist/hand pain. Pain was rated 6 on a scale of 1-10. According to the provider, the injured worker has a history of postoperative nausea and inquired about obtaining prophylaxis. According to the provider, the injured worker recalls gastrointestinal upset with nonsteroidal anti-inflammatory drugs without a proton pump inhibitor. She had no cardiac history or history of ulcer, hemoptysis or hematochezia. Diagnoses included status post right wrist fracture with hardware removal, status post right wrist open reduction internal fixation, De Quervain's tenosynovitis posttraumatic and posttraumatic Dupuytren contracture. On 01/15/2015, Utilization Review non-certified Pantoprazole 20mg #90. According to the Utilization Review physician there was no evidence of a failure of first-line nonsteroidal anti-inflammatory drugs. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 67-69 were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG #90: 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): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Pantoprazole 20mg, # 90 is not medically necessary.