

Case Number:	CM15-0113043		
Date Assigned:	06/19/2015	Date of Injury:	09/08/2014
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 50-year-old female patient who sustained an injury on 09/08/2014. The diagnoses include left shoulder rotator cuff tear, left shoulder acromioclavicular arthrosis, left shoulder impingement syndrome with tendinitis/bursitis and status post left shoulder arthroscopy dated 2/10/2015. Per the progress note dated 04/01/2015, she had complaints of shoulder pain and limited shoulder range of motion with improvement status post left shoulder surgery. Objective findings revealed decreased range of motion in left shoulder and well healed surgical incision. The medications list includes naproxen, hydrocodone and pantoprazole. She had undergone left shoulder arthroscopic surgery on 2/10/2015. She has had left shoulder MRI on 10/11/2014. She has had physical therapy visits for this injury. The treating physician requested retrospective Pantoprazole 20mg 1 po qd #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg 1 po qd #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68.

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

Decision rationale: Retrospective Pantoprazole 20mg 1 po qd #60 Pantoprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events". "Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: (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). There was no evidence in the records if the patient had any abdominal/gastric symptoms with the use of NSAIDs. The records provided did not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of retrospective Pantoprazole 20mg 1 po qd #60 was not medically necessary for this patient.