

Case Number:	CM15-0126329		
Date Assigned:	07/10/2015	Date of Injury:	02/04/2011
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: Indiana, Michigan, 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:

The injured worker is a 52 year old male who fell injuring his left upper extremity on 2/4/2011. Treatment involved surgery, physical therapy and medications. Medications included Motrin and Pantoprazole (Protonix). MRI of the left wrist was performed on 3/13/2011 and was consistent with fiber cartilage degeneration with full thickness tear of the radial attachment. Records reviewed from 7/16/2015 state that Motrin was used for inflammation and led to gastrointestinal discomfort for which Pantoprazole was given. The request is for authorization of Pantoprazole (Protonix) 20 mg #60 one daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg #60 take 1 daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs usage Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Proton Pump Inhibitors.

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

Decision rationale: The injured worker underwent treatment with Motrin for inflammation that resulted from the work related injury. Gastrointestinal symptoms developed from the use of the Motrin and were subsequently treated with Pantoprazole. Pantoprazole is a proton pump inhibitor (PPI). MTUS Guidelines recommend proton pump inhibitor use with those who are at intermediate risk for gastrointestinal effects when nonselective NSAIDs are being used. Therefore, the use of Pantoprazole (Protonix) 20 mg #60 one daily is medically necessary and appropriate.