

Case Number:	CM15-0128775		
Date Assigned:	07/15/2015	Date of Injury:	03/18/1999
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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 55 year old male, who sustained an industrial injury on 3/18/1999. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatment to date. Diagnoses include irritable bowel syndrome, ulcer of the esophagus, and hypertension, essential benign. Currently, he complained of dizziness and elevated blood pressure episodes. On 4/21/15, the physical examination documented no acute findings. The plan of care included Pantoprazole 20mg tablets, two tablets every morning daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg quantity 1400.00: 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 and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with abdominal/groin pain. The request is for PANTOPRAZOLE 20MG QUANTITY 1400.00. The request for authorization is not provided.

The provided progress reports are handwritten with minimal information. Patient had dizziness with high blood pressure at home. The patient's medications include Ramipril, Felodipine, Patoprazole and Gemfibrozil. The patient's work status is not provided. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." 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. Treater does not specifically discuss this medication. In this case, treater does not provide GI risk assessment for prophylactic use of PPI, as required by MTUS. And the patient does not appear to on any NSAIDs. Provided progress reports do not discuss what specific GI symptoms the patient has and whether or not this medication has been effective. Therefore, the request IS NOT medically necessary.