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| Case Number: | CM15-0075341 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 09/01/2012 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 62-year-old female, who sustained an industrial injury on 09/01/2012. She has reported injury to the neck and bilateral upper extremities. The diagnoses have included cervical spinal stenosis and radiculopathy; and bilateral elbow medial and lateral epicondylitis. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Ibuprofen, Diclofenac, Tylenol, and Pantoprazole. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of epigastric abdominal pain; reflux symptoms; heartburn; bloating; and gastric symptoms from medications. Objective findings included tenderness in the epigastrium and the right upper quadrant without any palpable masses. The treatment plan has included the request for Pantoprazole 20mg twice a day, #60; and Upper GI (Gastrointestinal) Series, Abdominal Ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG Twice A Day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non- MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 159.0. Up-To-Date, accessed 05/23/2015.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing mid-upper abdominal pain, heartburn, bloating, and reflux symptoms with the use of ibuprofen (an NSAID). However, treatment recommendations continued to include NSAID therapy, which can worsen these symptoms as a negative side effect. Further, this negative side effect can suggest an increased risk of other serious complications of NSAID therapy. There was no discussion suggesting the reason NSAID therapy was continued, other medications that were tried but did not improve the worker's pain, or special circumstances that sufficiently supported this request. In the absence of this evidence, the current request for sixty tablets of pantoprazole 20mg taken twice daily is not medically necessary.

Upper GI Series, Abdominal Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Strate L, et al. Approach to acute lower gastrointestinal bleeding in adults. Topic 2547, version 26.0. Up-To-Date, accessed 05/23/2015. Dietrich CF, et al. Transabdominal ultrasonography of the small and large intestine. Topic 2565, version 12.0. Up-To-Date, accessed 05/23/2015. Upper GI series. National Institute of Diabetes and Digestive and Kidney Diseases. <http://www.niddk.nih.gov/health-information/health-topics/diagnostic-tests/upper-gi-series/Pages/diagnostic-test.aspx>, accessed 05/23/2015.

Decision rationale: The MTUS Guidelines are silent on these issues. Abdominal ultrasonography is commonly used to look more closely at the liver and bile system, the bladder and kidney systems, and pelvic structures. This imaging study has important limitations in looking at the intestines. Abdominal ultrasonography should be limited to select cases with issues such as appendicitis, diverticulitis, and inflammatory bowel disease. An upper gastrointestinal series, or barium swallow, uses special x-rays and a type of liquid dye to create images and look at the mouth, throat, stomach, and small intestines. This study is often used in certain cases of problems swallowing, abdominal pain, nausea with vomiting, and unexpected weight loss. The submitted and reviewed records stated the worker was experiencing mid-upper abdominal pain, heartburn, bloating, and reflux symptoms with the use of ibuprofen (an NSAID). The documented assessments of these symptoms were limited. There was no discussion describing special circumstances that sufficiently supported these requests. In the absence of such

evidence, the current requests for an upper gastrointestinal series and an abdominal ultrasound is not medically necessary.