

Case Number:	CM15-0094325		
Date Assigned:	05/20/2015	Date of Injury:	08/28/2007
Decision Date:	06/22/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/15/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on 08/28/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral shoulder tendinitis, chronic cervical spine musculoligamentous sprain/strain, and chronic low back pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, physical therapy, medication regimen, status post left wrist tenosynovectomy, and status post left wrist superficial radial neuropathy secondary to left wrist surgery. In a progress note dated 03/18/2015 the treating physician reports pain to the neck, left arm, low back, left leg, and bilateral shoulders. The physician also reported associated symptoms of numbness to the left hand, thumb, and index finger, and left arm weakness. Examination reveals tenderness to palpation of the lumbar spine, painful range of motion to the lumbar spine, cervical spine, and left shoulder, along with spasms to the cervical spine. The injured worker's current medication regimen includes Pantoprazole and Relafen. The injured worker's pain level is rated a 6 out of ten to the neck, and right shoulder, a pain level of an 8 out of 10 to the left arm, low back, and left leg, and a pain level to the left shoulder that was rated a 9 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the current medication regimen or any documentation of adverse effects of the medications such as gastrointestinal symptoms, however documentation from 12/16/2014 noted the initiation of Pantoprazole for gastrointestinal protection. The treating physician requested Pantoprazole (Protonix) 10mg with a quantity of 30 and 2 refills noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 10mg #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The requested Pantoprazole (Protonix) 10mg #30 2 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the neck, left arm, low back, left leg, and bilateral shoulders. The physician also reported associated symptoms of numbness to the left hand, thumb, and index finger, and left arm weakness. Examination reveals tenderness to palpation of the lumbar spine, painful range of motion to the lumbar spine, cervical spine, and left shoulder, along with spasms to the cervical spine. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole (Protonix) 10mg #30 2 refills is not medically necessary.