

Case Number:	CM13-0047218		
Date Assigned:	12/27/2013	Date of Injury:	03/28/2006
Decision Date:	02/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who reported injury on 03/28/2006. The mechanism of injury was not provided. The patient was noted to be taking Morphine and Norco. The patient's diagnoses were noted to include lumbar disc displacement without myelopathy, lumbar/lumbosacral disc degeneration, and lumbago and pain in limb. The patient was noted to be on the medication Pantoprazole and the request was made for the medication retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. Additionally, there was lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Retro Pantoprazole 20mg #60 is not medically necessary.

