

Case Number:	CM13-0049958		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2010
Decision Date:	03/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 08/31/2010. The mechanism of injury was stated to be that the patient was responsible for transporting bags of cement that weighed approximately 90 to 100 pounds from a truck; and he removed the bags of the cement from the truck, placed them above his shoulder and walked approximately 10 feet from the truck to the cement mixer. The mechanism of injury was stated to be that the patient was walking over to the truck, used a tow bar to lift/propel himself onto the truck bed and attempt to continue moving bags of cement. He stated that at that time, he bent over to move bags of cement from 1 section of the flatbed to the other and experienced extreme pain in his low back. The most recent clinical documentation submitted for review indicated that the patient was taking pantoprazole every morning. The patient's diagnoses were noted to be thoracic strain/sprain; thoracic myelopathy; lumbar strain/sprain; discogenic pain; sacroiliitis, NEC; lumbosacral radiculopathy; chronic pain syndrome; and piriformis syndrome. The request was made for a refill of pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS Guidelines recommend PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for pantoprazole 20 mg #30 is not medically necessary.