

Case Number:	CM13-0059731		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2008
Decision Date:	04/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 52-year-old female who was injured on 08/26/2008. Unknown mechanism of injury. Her injuries include the lumbar, cervical and knee area. Prior treatment history has included undergoing lumbar spine surgery, aquatic therapy, physical therapy and electrical muscle stimulator. She was given intramuscular injections for pain. On May 4, 2012 she underwent arthroscopy of the right knee with a partial synovectomy with resection of the plica. Diagnostic studies reviewed include a Comprehensive Drug Panel report dated 08/23/2013 showing fluoxetine detected showing consistency with current medication prescribed. On 11/12/2013 a drug screen was performed for medications prescribed gabapentin, topiramate, and fluoxetine. Clinic note dated 10/10/2013 documented the patient to have complaints of low back pain that radiates to bilateral extremities to the level of knee and foot. The patient also complains of neck pain that radiates to bilateral upper extremities to the level of the hand. The patient's pain level is increased with average pain level of 8-10/10 and 10/10 without medications. The patient reports no changes to medications being prescribed. Clinic noted dated 11/07/2013 documented the patient presently complains of low back pain that radiates to bilateral lower extremities to the level of bilateral knee and foot. The patient also complains of neck pain that radiates to bilateral upper extremities to the level of bilateral hand. Objective findings on exam included: General: The patient was noted to be oriented. The range of motion of the cervical spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-C7 level. Sensory examination revealed no change. Motor examination revealed no change. Diagnosis: 1. Lumbar radiculopathy 2. Cervical radiculopathy 3. Fibromyalgia 4. Headaches 5. Depression 6. Anxiety 7. Chronic pain other 8. Medication related dyspepsia 9. Status post removal of lumbar spine hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective/Prospective Pantoprazole 20mg #120: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Per CA MTUS guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. In this case, the patient has chronic pain. However, in the available medical records there are no GI complaints, and the patient does not currently appear to be taking NSAIDs. There is no documentation that the patient is at intermediate or high-risk for GI events. There is no documentation that the patient failed less expensive proton pump inhibitors which should precede use of pantoprazole. Medical necessity has not been established. Therefore, retrospective and prospective pantoprazole are non-certified.