

Case Number:	CM13-0067718		
Date Assigned:	01/03/2014	Date of Injury:	10/05/1999
Decision Date:	05/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert 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 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/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 55-year-old female who was injured on 07/01/1999 with an unknown mechanism of injury other than it occurred in a course of her usual work duties. The patient has been treated with prescription medications, therapy, spinal cord stimulator and surgeries. The patient had an MRI of the lumbar spine dated 01/02/2008 and of the cervical spine dated 01/103/2008, which were reviewed. Pain Medicine re-evaluation dated 01/02/2014 revealed the patient had complaints of neck pain that radiated bilaterally in the upper extremities. The neck pain is associated with headaches and low back pain and radiates bilaterally. The patient's pain is rated at a 6/10 with medications and 9/10 without; this is unchanged since the last visit. The patient's review of systems including cardiovascular, renal, pulmonary, gastrointestinal were obtained and no significant changes were noted. Diagnosis was status post cervical spinal fusion, lumbar displacement, failed back surgery, lumbar radiculopathy status post fusion of the lumbar spine, diabetes, medications related dyspepsia, chronic pain and status post spinal cord stimulator. The current medications prescribed were opiate analgesics medication as the patient did not tolerate or the NSAIDs were ineffective previously. Pantoprazole was provided to limit gastrointestinal adverse effects related to chronic medication use including Non-Steroidal Anti-Inflammatory Drugs (NSAID), Senokot, Norco, Lyrica and a cream were also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 PANTOPROZOLE SODIUM DR 20MG, 1 TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th 3d. McGraw Hill, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, And Cardiovascular Risk Page(s): 68-69.

Decision rationale: This is a request for Pantoprazole, a proton pump inhibitor (PPI), for "medication-induced dyspepsia." No other pertinent details are provided. MTUS guidelines recommend PPI's for patients taking NSAIDs, who are at intermediate or high risk of gastrointestinal (GI) events. However, intermediate or high risk of Gastrointestinal (GI) events is not established in the available records. The patient is under 65. There is no documented history of GI ulcer, bleeding, or perforation. The patient does not appear to be taking an NSAID, ASA, corticosteroids or anticoagulants. Medical necessity is not established.