

Case Number:	CM14-0107860		
Date Assigned:	08/01/2014	Date of Injury:	01/21/2011
Decision Date:	10/27/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 63 year old male injured on 01/21/11 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. Diagnoses include bilateral upper extremity radiculopathy, lumbar myoligamentous with associated bilateral lower extremity radicular symptoms, lumbar facet syndrome, chronic nausea and vomiting, left submandibular myoligamentous injury/inflammation, medication induced gastritis, and hypertension poorly controlled and industrial related. The progress note dated 04/28/14 noted the injured worker presented complaining of low back pain with persistent radicular symptoms to the bilateral lower extremities limiting his mobility and activity tolerance. The pain was rated at 5/10 with the use of medication. The documentation noted the injured worker continued to complain of neck pain with associated cervicogenic headaches manageable with oral analgesic medications. Physical examination of the cervical spine revealed tenderness to palpation with increased muscle rigidity, numerous trigger points palpable and tender throughout the posterior cervical musculature, upper trapezius, and medial scapular region, decreased range of motion. Examination of the bilateral shoulders revealed limited range of motion, global weakness in the upper extremities, deep tendon reflexes 2+ to the bilateral upper extremities, decreased sensation in the posterolateral arms and lateral forearms bilaterally in the proximal C5-6 distribution. Examination of the lumbar spine revealed tenderness to palpation in the posterior lumbar musculature bilaterally and increased muscle rigidity as well as trigger points, decreased range of motion, and deep tendon reflexes 2/4 in the patella bilaterally and 1/4 in the Achilles bilaterally, sensation decreased along the posterolateral thighs and lateral calves bilaterally, straight leg raise positive bilaterally, guarding with straight leg raise, and motor examination decreased in the lower extremities.

Medications included Norco, Ultram, Anaprox, Fexmid, Protonix, Topamax, Sonata, Lisinopril, HCTZ, and Prilosec. The initial request for pantoprazole 40mg #60 was initially non-certified on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Procedure Summary (updated 05/15/14) Proton Pump Inhibitors (PPI's) (Miner, 2010)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request Pantoprazole 40mg #60 is recommended as medically necessary.