

Case Number:	CM14-0017553		
Date Assigned:	04/18/2014	Date of Injury:	11/16/2007
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Neurology and is licensed to practice in Arizona. 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 40-year-old male with a date of injury on 11/16/07 when he fell off a ladder and injured his neck and back while working as a painter. He has been diagnosed with cervicalgia, failed back syndrome, low back pain, radiculopathy, psychological issues, headache and gastric upset. The patient has undergone significant treatment including surgery for the cervical or lumbar area. He is taking several medications but has not improved and continues to be disabled. The patient was seen by his physician in August, 2013, he was complaining of multiple symptoms including backache, headaches, and psychological issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR PANTOPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2012.

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

Decision rationale: Pantoprazole is recommended for patients at risk for gastrointestinal events. In general the use of proton pump inhibitor (PPI) should be limited to the recognized indications and use the lowest dose for the shortest possible amount of time. Research indicates that all of

the commercially available PPIs appear to be similarly effective. Over-the-counter PPIs such as omeprazole are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equal clinical efficacy and safety at comparable doses including pantoprazole. Reviewing the medical records particularly physician's notes, the indication and necessity for pantoprazole is not very clear. As noted above, PPIs have specific recommendations. Without clear documented indications, use of pantoprazole does not seem to be necessary.