

Case Number:	CM14-0019332		
Date Assigned:	04/21/2014	Date of Injury:	10/27/2011
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation 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 underlying date of injury in this case is 10/27/2011. The primary diagnoses are lumbar and cervical radiculitis. On 1/07/2014, the claimant was seen in initial pain management evaluation with symptoms of neck pain radiating to both upper extremities and low back pain radiating to the lower extremities. The patient was diagnosed with cervical and lumbar radiculitis as well as pain in the shoulder, elbow, and knee and a history of an L1 compression fracture. That report of 01/07/2014 also discusses the diagnosis of medication-related dyspepsia and constipation; medications were noted to include Prilosec, Vicodin, docusate, and Proventil. On review of systems, the patient was noted from a gastrointestinal perspective to report nausea and abdominal pain. The treating physician recommended treatment to include pantoprazole as a proton pump inhibitor to limit gastrointestinal effects related to chronic medication use including non-steroidal anti-inflammatories, and interferential stimulation was also recommended as a supportive pain control modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the clinician should determine if the patient is at risk for gastrointestinal events, including a history of peptic ulcer, gastrointestinal bleeding, or perforation. An initial physician review in this case states that there is no documentation of specific symptoms related to peptic ulcer disease or gastritis or gastric reflux and there is no documentation of corresponding diagnosis or of anti-inflammatory medication use. However, the physician note of 01/07/2014 does specifically discuss NSAID-related gastrointestinal symptoms as well as gastrointestinal upset and abdominal pain on a review of systems. Additionally, the patient is noted to have opioid use which may reduce gastric motility and worsen this occurrence. The medical records, therefore, do document an indication for a proton pump inhibitor consistent with the guidelines. This request for pantoprazole is medically necessary.

INTERFERENTIAL UNIT 30 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that interferential stimulation is not recommended as an isolated intervention. These guidelines outline very specific second-line situations where interferential stimulation may be indicated if a patient has failed specific initial treatment. These scenarios and guidelines have not been met in this case. The request for interferential stimulation is not medically necessary.