

Case Number:	CM14-0115811		
Date Assigned:	08/04/2014	Date of Injury:	08/02/2010
Decision Date:	09/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee is a 63 year old female who sustained an industrial injury on 08/02/2010. She is being treated for lumbar disc radiculitis and thoracic spine sprain / strain. The mechanism of injury was not available. The visit in question was from 04/08/14. Clinical summary of the visit was reviewed. She had constant severe upper and lower back pain with burning, tingling and radiation, which was worse with walking, standing, sitting and rapid movement. The patient complained of a lot of gastrointestinal (GI) upset despite increasing Prilosec to 3 times a day. Past history included hypertension, sleep disorder and depressive disorder. NCV/EMG showed right peroneal motor neuropathy and the MRI showed 4-5mm disc bulge and 8-9 mm posterior herniation with 40% decrease in lumbosacral canal. The diagnoses included lumbar disc with radiculitis, thoracic spine sprain/strain and sleep disorder. Treatment plan was to refill medications, Transdermal, daily exercise, stretches and light aerobics. Urine was collected for urine toxicology. A request was sent for Pantoprazole 20mg daily, Motrin 800mg every 6-8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk, treatment of dyspepsia secondary to NSAID therapy
Page(s): 69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, dyspepsia secondary to NSAID therapy is treated by stopping the non-steroidal anti-inflammatory drugs (NSAIDs) and switching to a different NSAID or considering H2 receptor antagonist or a Proton-pump inhibitor (PPI). In this case, the employee had a lot of gastrointestinal (GI) upset due to NSAIDs possibly. The claims administrator's denial was based on prophylactic use of PPIs with NSAIDs. However, the employee had ongoing gastrointestinal upset and hence the request for Pantoprazole is medically necessary and appropriate.