

Case Number:	CM14-0151252		
Date Assigned:	09/19/2014	Date of Injury:	04/23/2009
Decision Date:	11/14/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family 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:

This injured worker's date of injury is 04/23/2009. Medical records on the original injury were not provided. This patient receives treatment for chronic low back pain with radiation to the right leg. On examination there is tenderness in the paralumbar muscles and pain worse with extension. SLR (straight leg raise) testing is positive at 70 degrees on the right side. Medical diagnoses include: lumbar disc disease with impingement at L5 as seen on MRI and total knee replacement, non-industrial. The patient receives Celebrex and pantoprazole "from her PCP." Other medications used include: Zanaflex, tramadol, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI), which may be medically indicated to treat peptic ulcer disease or to prevent GI complications with patients who have a history of GI bleeding when taking anti-inflammatory medications, such as COX-2 inhibitors

(Celebrex). The medical documentation does not mention such GI risk. Pantoprazole is not medically indicated.