

Case Number:	CM14-0151900		
Date Assigned:	09/19/2014	Date of Injury:	06/30/2011
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old female who was injured on 6/30/2011. The diagnoses are low back pain and bilateral lower extremities pain. The radiological report of the lumbar spine showed disc bulge at L4-L5 and facet arthropathy at L5-S1. On 7/24/2014, notes indicated subjective complaints of low back pain. The patient completed physical therapy (PT), lumbar epidural steroid injections, triggers points injections and facet medial branch blocks. The medications are naproxen, hydrocodone and gabapentin for pain and pantoprazole for the prevention and treatment of non-steroidal anti-inflammatory drugs (NSAIDs) induced gastritis. A Utilization Review determination was rendered on recommending non-certification for pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60 take 1 twice daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in high risk patients. The records indicate that the patient has a history of symptomatic heartburn and reflux disease. The patient is also on chronic NSAIDs treatment for the management of chronic musculoskeletal pain. The criterion for the use of pantoprazole 20mg #60 was met.