

Case Number:	CM14-0152822		
Date Assigned:	09/24/2014	Date of Injury:	02/03/2011
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Rehabilitation and is licensed to practice in Louisiana 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 31 year old female who was injured on 02/03/2011 when she bent over to reposition a box when she felt a sharp pain in her lower back radiating to her left buttock and leg. Prior treatment history has included tramadol 220 mg a day, physical therapy and epidural injections. The patient underwent lumbar microdiscectomy which did not resolve her symptoms. Office note dated 08/18/2014 documented the patient to have complaints of low back pain with left lower extremity symptoms rated as an 8/10. She reported her medication allows her to perform light household duties, grocery shop, cooking and grooming. She reported without her medications, she is unable to adhere to her exercise regimen. The patient noted a history of GI upset with NSAIDs in the past but denies GI upset with dosing of medication on current regimen. On exam, there is tenderness to palpation of the lumbar spine and lumbar spine range of motion is normal with flexion at 50; extension at 40; left and right rotation at 40; and left and right lateral tilt at 40. The patient is diagnosed with left lumbar radiculopathy secondary to L5-s1 protrusion and status post remote lumbar decompression. The patient was given Pantoprazole 20 mg #90 one p.o. TID to minimize potential for development of adverse GI events. Prior utilization review dated 09/13/2014 states the request for Pantoprazole 20 mg #90 for the lumbar spine is denied as there are no documented details to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg #90 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Pantoprazole, a proton-pump inhibitor, is recommended for patients at risk of gastrointestinal events and should be used at the lowest dose for the shortest possible time. It is also recommended as an adjunct to NSAIDs for drugs that cause gastrointestinal distress. In this case, there is no supportive documentation for risk of gastrointestinal events therefore, it is not medically necessary.