

Case Number:	CM14-0171589		
Date Assigned:	10/23/2014	Date of Injury:	10/30/2007
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency 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:

The injured worker is a 71-year-old female who reported an injury on 10/30/2007. The mechanism of injury was not included. The diagnoses included lumbar facet arthropathy, lumbar radiculitis, lumbar radiculopathy, bilateral knee pain, and chronic pain. Past treatments were not included. Imaging provided included an MRI of the lumbar spine. The surgical history was not provided. The pain medicine re-evaluation, dated 09/12/2014, noted the injured worker complained of neck pain radiating down her bilateral upper extremities, low back pain radiating down her bilateral lower extremities, rated 5/10 with medications, and 6/10 without medications. The physical exam noted the injured worker to be in moderate distress with spasm and tenderness to her paraspinal area. Medications included Gabapentin 600 mg #30 one half tablet at bedtime, Pantoprazole 20 mg #30 one daily, and hydrocodone/APAP 10/325 mg #60 every 8 hours. The treatment plan indicated a request to continue medications including Pantoprazole which was noted to be provided to the injured worker to limit gastrointestinal adverse effects related to chronic medication use including non-steroidal anti-inflammatories. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30, take 1 capsule by mouth once daily as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Pantoprazole 20mg #30, take 1 capsule by mouth once daily as needed is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors, such as Pantoprazole for patients on NSAIDs with increased risk of gastrointestinal complications. The risk factors include age greater than 65, history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids, or anticoagulants, and high dose or multiple NSAIDs. There is a lack of documentation of a gastrointestinal risk assessment. There is no assessment of gastrointestinal symptoms. The patient has been prescribed Pantoprazole since as early as 05/2014. There is a lack of documentation of the efficacy of the medication. There is a lack of evidence to support the use or continued use of Pantoprazole 20 mg. Given the above, the request is not medically necessary.