

Case Number:	CM14-0173147		
Date Assigned:	10/23/2014	Date of Injury:	06/28/2011
Decision Date:	12/02/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 is a case of a 42 year old male with a date of injury of 6/28/2011. He apparently had a slip and fall several years ago which required invasive procedures with the same employer. He was at work and had just finished a long session on a tractor when he went to pick something up from the ground and there was a return of the sharp pain in his right low back and leg pain that he had with his earlier injury. He had regular X-rays of the lumbosacral area which were normal and an MRI which revealed degenerative changes at the L4-L5 and L5-S1 levels as well as disk protrusion at L5-S1 associated with an annular tear. At a recent clinic visit on 9/9/2014, the patient reported ongoing low back pain radiating down his right lower extremity. He reported no relief with physical therapy. He is on Tramadol 50 mg twice a day as needed for pain which has been beneficial. On physical exam he has an antalgic gait and difficulty with heel to toe walking. He has a positive straight leg raise on the right and restricted lumbar spine flexion and extension. He has decreased sensation in the right S1 dermatomal distribution and tenderness of the right sacroiliac joint and right sciatic notch. He was recommended to under 8 sessions of chiropractic therapy and 8 session of acupuncture. He was prescribed Neurontin, Ketoprofen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantaprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Based on MTUS guidelines, patients who are at risk for gastrointestinal events include: patients > 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as pantoprazole sodium), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient is low risk. He is 42 years old without a history of gastrointestinal bleeding or perforation, peptic ulcer disease, or cardiovascular disease. He is tolerating tramadol 50 mg twice a day without any subjective or objective evidence of gastrointestinal irritation or side effects. Therefore based on MTUS guidelines and the evidence in this case, the request for Pantoprazole 20 mg #30 is not medically necessary.