

Case Number:	CM14-0182305		
Date Assigned:	11/07/2014	Date of Injury:	04/25/2011
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 23, 2014, the claims administrator denied a request for Pantoprazole (Protonix), invoking non-MTUS ODG Guidelines at the bottom of the report. Somewhat incongruously, the claims administrator then stated that the applicant did have issues with GI upset in another session of its note. The claims administrator then suggested that the applicant should employ over-the-counter proton pump inhibitors in lieu of prescription Protonix. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the applicant report ongoing complaints of low back pain radiating to lower extremities, 5/10. The applicant was apparently using Tramadol and Norco. The attending provider stated that the applicant had "had issues with GI upset with NSAIDs which had effectively been attenuated following introduction of Protonix." The attending provide posited that Protonix thrice daily dosing was effective in attenuating the applicant's symptoms of reflux while once daily and twice daily dosing were inadequate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg TID #90 for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia. The attending provider, furthermore, has posited that ongoing usage of Pantoprazole (Protonix) has effectively attenuated the applicant's issues with NSAID-induced dyspepsia. Continuing the same, on balance, is therefore indicated. Accordingly, the request for Pantoprazole is medically necessary.