

Case Number:	CM14-0021742		
Date Assigned:	05/05/2014	Date of Injury:	07/01/1997
Decision Date:	08/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 patient is a 56-year-old female who has submitted a claim for chronic low back pain radiating to the right lower extremity; associated with an industrial injury date of 7/1/97. Medical records from 2013 to 2014 were reviewed, showing that patient complained of chronic low back pain and was prescribed Fentanyl 75mcg, and Actiq 400mcg. Other medications included Topamax, Cymbalta and cyclobenzapirine. The patient has been previously prescribed Pantoprazole for GI side effects of aforementioned medication regimens. However, the most recent progress reports do not show that patient has gastrointestinal symptoms. Treatment to date has included oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20MG, 2 TABLETS QD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: Pantoprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease.

Pages 68-69 of the California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals who are: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and with history of peptic ulcer. In this case, the patient has been prescribed Fentanyl 75mcg and Actiq 400mcg. Other medications included Topamax, Cymbalta and Cyclobenzaprine. The patient has been previously prescribed Pantoprazole for GI side effects of aforementioned medication regimen. However, the most recent progress reports do not show that patient has gastrointestinal symptoms. Moreover, the medical records submitted for review did not show that the patient is at risk for gastrointestinal event. Therefore, the request is not medically necessary.