

Case Number:	CM14-0028489		
Date Assigned:	06/20/2014	Date of Injury:	09/02/2005
Decision Date:	08/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 09/02/2005. The mechanism of injury is repetitive motion. The diagnoses included lumbar disc degeneration, chronic pain, failed back surgery syndrome, lumbar radiculopathy, and status post fusion of the lumbar spine. Previous treatments include medication, MRI, EMG/NCV, and surgery. Within the clinical note dated 03/11/2014, it was reported the injured worker complained of neck pain. He noted his pain radiated to the upper extremities. The injured worker complained of back pain with pain radiating down the left lower extremity. He also complained of upper back pain and left leg pain. The injured worker rated his pain 8/10 in severity with medication and 10/10 in severity without medication. Upon the physical examination, the provider noted the lumbar spine revealed a well-healed surgical scar. The provider indicated the injured worker had spasms noted in the bilateral paraspinal musculature L2 to S1. Tenderness was noted upon palpation bilaterally in the paracervical area L2 to S1 levels. The range of motion of the lumbar spine showed decreased flexion limited to 40 degrees due to pain, and extension at 5 degrees due to pain. The provider indicated pain was significantly increased with bending, flexion, and extension. The injured worker had decreased sensitivity to touch along the L2 to S1 dermatome in both lower extremities. The injured worker had decreased strength of extensor muscles and flexor muscles along the L2 and S1 dermatome in the bilateral lower extremities. The provider recommended the injured worker to undergo acupuncture therapy. The request submitted is for pantoprazole sodium 20 mg. However, a rationale is not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTAPRAZOLE SODIUM 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 68.

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

Decision rationale: The request for PANTAPRAZOLE SODIUM 20 MG is non-certified. The injured worker complained of neck pain radiating to his upper extremities. He complained of low back pain radiating to his left lower extremities. The injured worker complained of upper back pain and left leg pain. He rated his pain 8/10 in severity with medication and 10/10 in severity without medication. The California MTUS Guidelines note proton pump inhibitors such as pantoprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal event include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for PANTAPRAZOLE SODIUM 20 MG is non-certified.