

Case Number:	CM14-0034176		
Date Assigned:	06/20/2014	Date of Injury:	05/15/2003
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Texas. 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 68 year old female who reported an injury on 05/15/2013 of unknown mechanism of injury. The injured worker had a history lower back pain with a diagnosis of superimposed of spinal stenosis, lumbar disc herniation, lumbosacral sprain/strain. The physical examination reveals a normal gait, range of motion to the lumbar extension plains 10/25 degrees with muscle spasms, straight leg raise negative , deep tendon reflex plus 2, motor function normal. The injured worker had recurrent back pain that affected her activities of daily living. Treatment of plan includes naproxen sodium 550mgs one tablet 2 times a day, Pantoprazole 20mgs 1-2 every morning and tizanidine 2 mgs one tablet 2 times a day. The authorization form dated 02/19/2013 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg #60 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend Pantoprazole for patients at intermediate risk for gastrointestinal events and no cardiovascular. Long-term use of a proton pump inhibitor (greater than 1 year) has been shown to increase the risk of hip fracture. The physical assessment dated 03/11/2014 did not clearly indicate that the injured worker had a gastrointestinal assessment or that the recommended medication of omeprazole or misoprostol had been initiated first. The documentation also did not provide any complaints of gastrointestinal issues addressed by the injured worker. The duration of use is not indicated in the request. As such, the request is not medically necessary and appropriate.