

Case Number:	CM14-0044745		
Date Assigned:	06/23/2014	Date of Injury:	09/19/2002
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 49 year old male who sustained injury to his low back on 09/19/02. On this date he was lifting an air conditioning unit when he had the sudden development of low back pain. The injured worker had previous Workers' Compensation claim resulting in L5-S1 fusion in 1992 with subsequent hardware removal in 1993. Imaging studies indicated the fusion was stable however the injured worker developed adjacent segment and arthritic changes. There was a reference in the clinical record that suggested the claimant suffered from diffuse idiopathic skeletal hyperostosis (DISH). Historically the records indicated that the claimant had chronic pain on multiple medications. Review of the records did not indicate that the injured worker had gastritis associated with chronic medication use. Utilization review determination dated 03/12/14 non-certified the request for pantoprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of pantoprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for Pantoprazole 20mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome for which he has largely treated with oral medications. Records as provided do not document a history of medication induced gastritis and as such the continued use of this medication is not supported as medically necessary.