

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0056048 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 05/07/2012 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 04/25/2014 |

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 Internal Medicine and is licensed to practice in Arizona. 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 52-year-old man, with a work-related injury dated 5/7/12, resulting in chronic low back and knee pain. The diagnosis include status post arthroscopy to the left knee; cervical spine sprain/strain; lumbar spine degenerative disc disease (DDD), and lumbar sprain/strain. He was seen on 3/5/14 by the primary orthopedic provider with a complaint of continued pain in the neck, back, and knee. The exam shows that the patient has diffuse tenderness of the thoracolumbar spine with decreased range of motion of the spine and a positive straight leg raising test. The neurological exam is normal. His plan of care included use of hydrocodone-apap, tramadol, cyclobenzaprine, naproxen and pantoprazole 20mg #90. There is no documentation that the patient has suffered from gastroesophageal reflux disease (GERD) or had any adverse effects of the gastrointestinal system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole 20mg #90 for Date of service: 03/05/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms and cardiovascular risk Page(s): 22, and 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs, specific drug list & adverse effects.

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

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of non-steroidal anti-inflammatory drugs (NSAIDs), or that they have any risk factors for gastrointestinal events. The Chronic Pain Guidelines indicate that the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, pantoprazole 20mg is not medically necessary.