

Case Number:	CM14-0059146		
Date Assigned:	07/09/2014	Date of Injury:	10/08/2011
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 Family 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 53 year-old woman who was injured at work on 10/8/2011. The injury was primarily to her back. She is requesting review of a denial for the medication Pantoprazole. Medical records are available for review and include the Primary Treating Physician's Progress Reports (PR-2s). These indicate that the patient has presented for ongoing problems of low back pain. The treating physician's documented diagnosis has been: Low Back Pain. She has been treated with a number of different modalities to include: physical therapy, acupuncture, massage therapy, heat packs, TENS, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk; Page(s): 68-69.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines comment on the use of proton pump inhibitors (PPIs) in patients who are taking

nonsteroidal anti-inflammatory drugs (NSAIDs). These criteria indicate that clinicians should determine if the patient is at risk for a gastrointestinal (GI) event. Risk factors for a GI event include the following: Age > 65 years; history of a peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. In patients determined to be at intermediate or high-risk for a GI event, an NSAID with a PPI is appropriate. In reviewing the medical records, there is no documentation that indicates that this patient meets these stated criteria for intermediate or high-risk. As such, the request is not medically necessary.