

Case Number:	CM14-0062164		
Date Assigned:	07/11/2014	Date of Injury:	07/13/1998
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 38 year old female injured on 07/13/98 due to undisclosed mechanism of injury. Diagnosis included long term use of medications, lumbago, status post lumbar fusion syndrome, and sciatica. Clinical note dated 02/28/14 indicated the injured worker presented complaining of longstanding low back pain treated conservatively with medication. The injured worker received functional improvement and improvement in quality of life as a result of medication use. Physical examination not provided. Medications included Cyclobenzaprine 7.5 milligrams one half to one tablet as needed, Hydrocodone/Acetaminophen 10/325 milligrams one to two tablets once daily, Naproxen 550 milligrams every twelve hours, and Pantoprazole 20 milligrams one to two tablets daily. The initial request for pantoprazole 20mg on 01/23/14 was denied on 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg dispensed on 01/23/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (greater than one year) has been shown to increase the risk of hip fracture. Additionally, the frequency, amount, and number of refills were not provided. As such, the request for Pantoprazole 20 milligrams dispensed on 01/23/14 is not medically necessary.