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| Case Number: | CM14-0080480 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/02/1999 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 Occupational Medicine has a subspecialty 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:

Injured worker is a female with date of injury 1/2/1999. Per pain management progress note dated 4/17/2014, the injured worker complains of neck, arm, low back, leg, shoulder and knee pain. She describes her pain as constant. Pain in her neck radiates to the right upper extremity, and is rated at 8/10. Pain is made worse by increased activity, lying flat, movement, sitting a long time and sneezing. Low back pain radiates to the bilateral lower extremities, and is described as aching, sharp, shooting, stabbing, and throbbing. Back pain at its worse is 10/10, and currently is 7/10. Right shoulder pain is rated at 5/10. Bilateral knee pain is rated as 8/10. On examination range of motion is limited regarding the cervical spine in all directions secondary to increased pain, tightness and stiffness. She has tenderness over the occipital nerves bilaterally. There is tenderness over the cervical spinous processes and interspaces from C5 to C7. She has trigger points in the cervical spine musculature bilaterally. She has limited range of motion of the lumbar spine in all directions, secondary to increased pain, tightness and stiffness. She has significant tenderness over the lumbar spinous process and interspaces from L3 to S1. She has moderate to significant tenderness over the facet joints from L2 to S1 with positive provocation test. She has mild tenderness over the sacroiliac joints bilaterally. She has tightness, tenderness, and trigger points in the lumbar spine musculature bilaterally. There is tenderness over the right anterior acromioclavicular joint. The right shoulder has limited range of motion in all directions, especially with overhead and back reaching movements. She has significant tenderness over the right shoulder joint and supraspinatus and biceps tendons. She has trigger points in the right shoulder girdle musculature. She has tenderness over both knee joints, significant on the right with degenerative changes and deformity. She has increased pain with flexion and extension of both knees, right worse than left. There is tenderness over the saphenous and peroneal nerves at the level of both knees, right worse than left. Straight leg rising is positive on the left at 75

degrees. Lower extremity showed diminished sensation to touch over the L3, L4, and L5 nerve root distributions, more dense on the right compared to the left. Diagnoses include 1) thoracic or lumbosacral neuritis or radiculitis 2) degenerative disc disease, lumbar 3) brachial neuritis or radiculitis 4) cervical disc disease 5) Cervicalgia 6) pain in joint, shoulder region 7) pain in joint, lower leg 8) myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Statement; Non-steroidal anti-inflammatory drugs (NSAIDs); Gastrointestinal symptoms and cardiovascular risks Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Pantoprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Pantoprazole when using NSAIDs. The request for Pantoprazole 20mg #30 is determined to not be medically necessary.