

Case Number:	CM14-0099909		
Date Assigned:	07/28/2014	Date of Injury:	02/16/2005
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 62-year-old female who has submitted a claim for lumbosacral sprain/strain, small disc herniation at L4-5, and degenerative bone and disc disease of the lumbar spine associated with an industrial injury date of February 16, 2005. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain accompanied by stiffness and weakness. Physical examination revealed tenderness over the spinous processes of the lumbar spine and paraspinal muscles over the facet joints bilaterally. Lumbar spine range of motion was decreased. Treatment to date has included physical therapy, a home exercise program, chiropractic treatment, epidural steroid injections, and medications, which include Ketoprofen cream, Capsaicin cream, Compounded transdermal creams, Xanax 25mg, Medrol Dosepak, Vicodin, Ibuprofen, Soma 350mg, Ambien 10mg, Anaprox 550mg, Gabapentin 600mg, and Norco 10/325mg. Utilization review from June 25, 2014 denied the request for Pantoprazole 20mg #60 because based on recent documentation the patient does not display the risk factors appropriate to be considered for taking a proton pump inhibitor. There was a lack of objective evidence of gastritis, the patient is under the age of 65, and the patient is not on high doses of multiple NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: 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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. In this case, the patient has been on Pantoprazole since March 2014. It was prescribed to protect the patient's gastrointestinal system due to oral pain medications however; recent progress reports did not reveal any complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. There was no subjective report that he was experiencing heartburn, epigastric burning sensation or any GI symptom. The patient also does not have any history of peptic ulcer, GI bleeding or perforation. Guideline criteria have not been met. Therefore, the request for Pantoprazole 20mg #60 is not medically necessary.