

Case Number:	CM13-0033069		
Date Assigned:	12/06/2013	Date of Injury:	09/21/1998
Decision Date:	12/08/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year old male who on 09/21/1998 suffered a work injury including fall off a four foot ladder with subsequent low back and lower extremity pain. Medications list included methadone 10 mg, Amaryl 10 mg, Benazepril, Clonidine 0.1 mg, Colace 250 mg, Norco 10/325 mg, Prilosec (Omeprazole) 20 mg, Paroxetine 20 mg, Savella 50 mg and Viagra 10 mg. He was noted to have history of alcohol consumption along with the combination of current medications. There were no surgical reports submitted for review. Urine drug testing report dated 06/19/2013 was negative. On 01/10/2013 a Lumbar Medial Branch Nerve Radiofrequency Rhizotomy-left L5, L4, L3 and L2 levels was performed. A clinic note dated 08/29/2013 the patient was seen by Aruna Rao, MD and reported having persistent low back pain mostly radiating to the left hip and thigh region. Occasionally his pain radiates to the left foot, which he describes as stingy and sharp shooting type. His lumbar region pain is mostly dull, achy type. Diagnosis is as follows: 1) Low back pain- 724.2 (Primary). 2) Lumbosacral neuritis NOS-724.4.3) Lumbar facetar Syndrome-724.8.4) Chronic pain-338.29.5) Knee joint pain-719.46.6) Knee osteoarthritis-715.96.7) Meniscus, medial tear-836.0. On treatment plan the patient was recommended to have medications refilled which consisted of Pantoprazole 20 mg p.o. q.d.#30 and Methadone 10 mg three tablets p.o.q.6h #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30 (1 tab per morning): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: Pantoprazole is a proton pump inhibitor like Omeprazole to treat GI upset. The guidelines indicate that long-term use of PPI has shown increased risk of hip fracture. There is lack of documentation that the patient is having any GI upset. The patient is already prescribed Omeprazole and it is unclear why the provider has prescribed another medication. Therefore, the request is not medically necessary.