

Case Number:	CM14-0146441		
Date Assigned:	09/12/2014	Date of Injury:	06/29/2006
Decision Date:	01/23/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Practice 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 injured worker is a 58-year-old female who reported an injury on 06/29/2006. The mechanism of injury reportedly occurred when she was turning a patient and sustained acute strains to the cervical, thoracic, lumbar spine. Her diagnoses were noted to include lumbago. Past treatments included acupuncture. On 06/05/2014, the injured worker complained of persistent pain in her mid and low back with numbness and weakness of the lower extremities, right side greater than the left. Her pain was rated at an 8/10. The physical examination revealed musculature spasm over the cervical spine region, stiffness of the facet joints in the thoracolumbar spine. The injured worker was unable to perform range of motion. Her current medications were noted to include Tramadol, Diclofenac sodium, Omeprazole, Cyclobenzaprine, and Mirtazapine. The treatment plan included continuation of medications. A request was received for Protonix (pantoprazole) 20mg, #30. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix (pantoprazole) 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: California MTUS Guidelines recommend the use of proton pump inhibitors in patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Clinical notes indicate that the patient has been taking proton pump inhibitors for an unspecified amount of time, however, there is no documentation of improvement with the medication. In addition, there is no documentation of a physical examination dated after 06/05/2014, with evidence of gastrointestinal risk factors in the patient. There is no documentation of history of peptic ulcers, GI bleeding or perforations. In the absence of appropriate documentation to indicate the need of ongoing use of Protonix, the request is not supported. In addition, the request as submitted does not specify frequency of use. Therefore, the request for Protonix (pantoprazole) 20mg, #30 is not medically necessary.