

Case Number:	CM14-0180353		
Date Assigned:	11/05/2014	Date of Injury:	02/03/2011
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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:

Injured worker is a female with date of injury 2/3/2011. Per primary treating physician report dated 9/15/2014, the injured worker complains of 7/10 low back pain with left lower extremity symptoms. She is status post remote lumbar decompression. She had an emergency room visit last week due to increased low back pain and lower extremity symptoms. She reports heightened function with medications at current dosing. Medications include NSAID which results in 2-3 point average decrease in somatic pain and greater range of motion, most notably in early hours of day. She has GI upset with no PPI use at daily and twice daily dosing, but not at three times daily dosing. She indicates no history of ulcer, hemoptysis, hematochezia, or cardiac history. On examination there is tenderness of the lumbar spine. Lumbar range of motion percent of normal is flexion 60%, extension 50%, left and right lateral tilt 50%, left and right rotation 40%. Straight leg raise is positive on the left for pain at 30 degrees. There is diminished sensation left L5 and S1 dermatomal distribution. Strength of left EHL is 4/5, and left eversion is 4/5. She has difficulty arising from seated position. Gait is slightly antalgic. Spasm of lumboparaspinal musculature is decreased. Diagnoses include 1) left lumbar radiculopathy secondary to L5-S1 protrusion 2) status post remote lumbar decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. The requesting physician explains that with the use of NSAIDs, the injured worker experiences GI upset even with the use of Pantoprazole at daily or twice daily dosing, but not at three time a day dosing. The utilization review explains that NSAIDs are not medically necessary, and therefore Pantoprazole is also not indicated. The medical records indicate that the injured worker is a 31 year old with no history of gastric event such as ulcer, hemoptysis, or hematochezia. There is no indication that the injured worker is at risk for gastrointestinal events other than GI upset with the use of NSAIDs. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Pantoprazole 20mg #90 is determined to not be medically necessary.