

Case Number:	CM14-0189548		
Date Assigned:	11/20/2014	Date of Injury:	05/30/2012
Decision Date:	01/08/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 48 year-old female with a date of injury of 05/30/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/23/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was limited by pain. Neurological examination was within normal limits. Straight leg raising test was positive at 35 degrees. The diagnoses are protrusion L5-S1 with neural encroachment; annular tear L5-S1; and status post lumbar decompression, April 2013. The medical records supplied for review document that the patient has been taking Pantoprazole for at least six months. Medication includes Pantoprazole 20mg, #90 SIG: BID.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor. According to the MTUS Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend the proton pump inhibitor Protonix. Therefore, the requested Pantoprazole 20mg #90 is not medically necessary.