

Case Number:	CM14-0191662		
Date Assigned:	11/25/2014	Date of Injury:	04/18/2011
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 63 year old man who was injured on 4/19/2011. The diagnoses are lumbar spondylosis, sciatica, low back pain and depression. The patient was also diagnosed with anxiety and depression associated with the chronic pain syndrome. The 2011 MRI of the lumbar spine showed multilevel disc bulge with central and neural foraminal narrowing. The patient completed PT, HEP, the use of TENS unit and lumbar facet injections. [REDACTED], noted subjective complaint of low back pain radiating to the lower extremities. There are objective findings of lumbosacral muscle spasm, decreased range of motion and tenderness to palpation. The straight leg raising test was noted to be positive. The medications are hydrocodone and pantoprazole. The patient noted about 80% reduction in pain with utilization of the medications. On 8/29/2014, [REDACTED] noted that the patient the use of Norco was associated with gastritis that is responding to pantoprazole medication. There is a co-existing history of diabetes. A Utilization Review determination was rendered on 11/7/2014 recommending non certification for pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg, sixty count: Overturned

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 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of medications related gastrointestinal complications. The records indicate that the patient has significant gastritis associated with the use of opioid pain medications. The patient has other risk factors for gastritis including advancing age and a history of diabetes. There is documentation of medications related gastritis despite the absence of NSAIDs utilization. The pantoprazole was noted to be effective. The patient is able to tolerate the pain medications and increase physical activities. The criteria for the use of pantoprazole 20mg #60 were met.