

Case Number:	CM14-0196787		
Date Assigned:	12/04/2014	Date of Injury:	06/08/2009
Decision Date:	01/16/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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 injured worker sustained a work related injury on June 8, 2009, from cumulative trauma involving the lumbar spine, thoracic spine, bilateral lower extremities, hips, feet, right wrists, and psyche. The injured worker was noted to have undergone lumbar discectomy on July 27, 2012. The surgical report was not included in the documentation provided. The Treating Physician's report dated September 2, 2014 noted the injured worker with complaints of sleep disturbance, lack of motivation, restlessness, tension, disturbing memories, suspicion, decreased energy, agitation, reliving of trauma, diminished self-esteem, chest pain, flashbacks, and intrusive recollections. The Physician noted the injured worker visibly anxious, with depressed facial expressions, and the diagnoses of depressive disorder with anxiety and psychological factors that affect medical condition, noted to include neck/shoulder/back muscle tension/pain. The injured worker was noted to be permanent and stationary at a marked degree of permanent mental and behavioral impairment according to the AMA guidelines. A request for authorization for Pantoprazole 20mg and Naproxen 550mg had been made. On October 23, 2014, Utilization Review evaluated the request for Pantoprazole 20mg and Naproxen 550mg, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG) Pain (Chronic). The UR Physician noted the injured worker was being treated for a lumbar disc disorder with myelopathy, lumbar radiculopathy, and left internal derangement. The UR Physician certified the request for the Naproxen 550mg. The UR Physician noted that while the injured worker has a history of naproxen use, there was no current history of gastrointestinal disturbance, or evidence of risk factors for gastrointestinal event, therefore the request for Pantoprazole 20mg was not necessary and was recommended non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI/GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs when the patient is at risk for certain gastrointestinal and cardiovascular events. These risk factors include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker is 48 years old with a date of injury June 8, 2009. The injured workers working diagnoses are lumbar disc disorder with myelopathy; lumbar radiculopathy; and left internal derangement. There are no co-morbid conditions or past medical history compatible with any of the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc. Additionally, there is no quantity or instructions in the request. Consequently, absent the appropriate clinical indication, Pantoprazole 20 mg is not medically necessary.