

Case Number:	CM14-0214816		
Date Assigned:	01/07/2015	Date of Injury:	02/18/2004
Decision Date:	04/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 02/16/2004 due to an unspecified mechanism of injury. On 11/18/2014, he presented for a followup evaluation regarding his medication management. He reported neck pain that radiated into the bilateral upper extremities and low back pain that radiated into the bilateral lower extremities, left greater than right. He stated that his pain was 7/10 with medications and 9/10 without medications. He reported activities of daily living limitations with self care and hygiene, activity, ambulation, hand function, and sleep and sex. He reported a 70% improvement due to his medications and reported that his quality of life had been good as a result of his medication treatment. A physical examination showed tenderness upon palpation of the bilateral paravertebral muscles in the lumbar spine. Range of motion was decreased in the lumbar spine and moderately limited secondary to pain. Sensation showed decreased sensitivity in an L4-S1 dermatome in the bilateral lower extremities and motor exam showed decreased strength in the same distribution. He was diagnosed with chronic pain disorder, lumbar facet arthropathy, lumbar radiculopathy, and medication related dyspepsia. The treatment plan was for pantoprazole 20 mg #30. The rationale for treatment was to treat the injured worker's dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The documentation provided for review does not indicate that the injured worker is using an NSAID. Also, while it is noted that he has a diagnosis of dyspepsia, there is a lack of documentation showing this medication is significantly decreasing his symptoms. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.