

Case Number:	CM15-0000454		
Date Assigned:	01/12/2015	Date of Injury:	03/01/2010
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/02/2015

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

Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 3/1/10. The injured worker reported symptoms in the back and head. The diagnoses included IV Disc Disorder with Myelopathy Thoracic Region and Cervicalgia. Treatments to date have included T10-11 decompression and laminectomy on 3/4/10 and oral pain medications. PR2 dated 8/28/14 noted the injured worker presents with chronic pain related to a fall causing "multiple traumatic injuries including being temporarily paralyzed...and eventually developed liver failure". The treating physician is requesting Pantoprazole DR 40mg tab, 1 tab twice daily, #60. On 12/29/14, Utilization Review non-certified a request for Pantoprazole DR 40mg tab, 1 tab twice daily, #60. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole DR 40 MG Tab, 1 Tab BID #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

Decision rationale: Based on guidelines for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) is recommended. According to the medical records there is no documentation that the patient is at increased risk of gastritis or is at intermediate risk and thus is not medically necessary.