

Case Number:	CM15-0100557		
Date Assigned:	06/03/2015	Date of Injury:	05/25/2012
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational Medicine

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 26-year-old female, with a reported date of injury of 05/25/2012. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, low back pain, lumbar disc protrusion, lumbar facet hypertrophy, and rule out facet syndrome. Treatments to date have included Naproxen, Protonix, lumbar epidural steroid injection on 11/05/2014, and an MRI of the lumbar spine on 10/19/2013 which showed posterior annular tear with the intervertebral disc at L4-5 and L5-S1. The progress report dated 04/03/2015 indicates that the injured worker complained of constant, moderate, sharp low back pain that was aggravated by sitting, standing, and walking. The objective findings include decrease lumbar spine range of motion, pain caused by Kemp's, and straight leg raise caused pain on the right. There was no documentation of gastrointestinal complaints. The treating physician requested Pantoprazole 20mg #60 as a stomach protector.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Pantoprazole (Protonix) is a protein pump inhibitor. Proton pump inhibitors, such as Pantoprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Pantoprazole when using NSAIDs. The request for Pantoprazole 20 mg #60 is not medically necessary.