

Case Number:	CM15-0100728		
Date Assigned:	07/17/2015	Date of Injury:	06/10/1998
Decision Date:	09/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Michigan

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 62 year old male, who sustained an industrial injury on June 10, 1998. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral foraminal stenosis and lumbar compression fracture. Treatment and evaluation to date has included medications, radiological studies, physical therapy, home exercise program and remote lumbar surgery. Work status was noted to be permanent and stationary. Current documentation dated April 20, 2015 notes that the injured worker reported low back pain with right greater than left lower extremity symptoms. The pain was rated a 6/10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness and a decreased range of motion. A straight leg raise test was positive bilaterally. Spasm of the lumboparaspinal musculature was less pronounced. Medications included Tramadol ER, Hydrocodone, Naproxen, Cyclobenzaprine and Pantoprazole. The injured worker was noted to recall gastrointestinal upset with the use of non-steroidal anti-inflammatory drugs without a proton pump inhibitor medication. The injured worker denied gastrointestinal upset with the current use of a proton pump inhibitor medication and non-steroidal anti-inflammatory drugs. The injured worker denied a history of an ulcer, hematochezia, hemoptysis or cardiac disease. The treating physician's plan of care included a request for Pantoprazole 20 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age > 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and-or an anticoagulant or high dose-multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a PPI or misoprostol or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In this case the injured worker is noted to be taking a non-steroidal anti-inflammatory drug. The documentation notes that he injured worker recalled having gastrointestinal upset with non-steroidal anti-inflammatory drug use, without a proton pump inhibitor medication. The injured worker also recalled failing a first line proton pump inhibitor medication, therefore based on the injured workers clinical presentation the request for 1 prescription for Pantoprazole 20mg #90 is medically necessary.