

Case Number:	CM15-0132820		
Date Assigned:	07/20/2015	Date of Injury:	12/05/2014
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

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 (IW) is a 38-year-old male who sustained an industrial injury on 12/05/2014. Diagnoses include cervicalgia, lumbago, thoracic or lumbosacral neuritis or radiculitis NOS, myalgia and myositis NOS, skin sensation disturbance, sprains and strains of neck and sprains and strains of lumbar region. Treatment to date has included medications, hot/cold application, chiropractic treatment and physical therapy (PT); PT provided mild relief. According to the visit notes dated 5/11/15, the IW reported constant, moderate to severe neck pain, lower back pain and right knee pain with associated joint stiffness, tingling and weakness, rated 5/10. The pain was aggravated by prolonged sitting, standing, walking and by lifting and bending over; it was relieved by heat or ice application, rest or wearing a brace. On examination, range of motion was restricted in the cervical and lumbar spine, with tenderness and spasms present. Spurling's was negative; straight leg raise was positive on the right at 60 degrees in a sitting position. The right knee was tender along the medial and lateral joint lines and ROM was restricted to 120 degrees of flexion; extension and internal/external rotation was normal. Sensation was diminished over the lateral lower legs bilaterally. The IW had taken Motrin, then Relafen and Naproxen sodium was prescribed on 5/11/15. A request was made for Pantoprazole sodium DR 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sod Dr 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ?g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.