

Case Number:	CM15-0143580		
Date Assigned:	08/04/2015	Date of Injury:	01/19/2011
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, 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 65 year old female who sustained an industrial injury on 1-19-11 from slipping on a wet floor. She grabbed the wall to prevent a fall and twisted her back feeling a pop. She currently complains of low back pain with radiation to the bilateral lower extremities, right greater than left with a pain level of 8 out of 10; right shoulder pain. Medications were Norco, naproxen, pantoprazole, Lidopro ointment, venlafaxine, Ketamine 5% cream. Diagnosis was lumbar disc displacement without myelopathy. Treatments to date include epidural steroid injection which worsened the back pain. Diagnostics include MRI of the lumbar spine (12-9-14) showing moderate spinal stenosis, disc protrusion. In the progress note dated 7-2-15 the treating provider's plan of care included a request for pantoprazole-Protonix 20 mg #60. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability

Guidelines-Treatment in Workers' Compensation, Pain last updated 06/15/15 Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when - " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of gastrointestinal tract. The medical necessity of the request for Prilosec 20mg #60 is not fully established in this patient. Therefore, the request is not medically necessary.