

Case Number:	CM15-0146684		
Date Assigned:	08/07/2015	Date of Injury:	02/11/2009
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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, 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 72 year old female who sustained an industrial injury on 02-11-09. Initial complaints and diagnoses are not available. Treatments to date include medication, cognitive behavioral therapy, acupuncture, physical therapy, ice, heat, and exercise. Diagnostic studies are not addressed. Current complaints include lower back and left hip pain. Current diagnoses include pain in the pelvic region and thigh, thoracic or lumbosacral neuritis or radiculitis, sprains and strains of the lumbar region, and sacroilitis. In a progress note dated 03-25-15 the treating provider reports the plan of care as medications including Cymbalta, Pantoprazole, and Tylenol Extra Strength, as well as chiropractic care, physical therapy, ice, heat, exercise, and continued cognitive behavioral therapy. The requested treatment includes Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg Qty: 45.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.