

Case Number:	CM15-0149210		
Date Assigned:	08/12/2015	Date of Injury:	04/06/2002
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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 62-year-old male, who sustained an industrial injury on April 6, 2002. He reported low back pain. The injured worker was currently diagnosed as having long-term use medications, degeneration of lumbar disc, postlaminectomy syndrome lumbar, and sciatica and generalized anxiety disorder. Treatment to date has included surgery, spinal cord stimulator, exercise, physical therapy, Functional Restoration Program, lumbar epidural steroid injections and medications. His steroid injections and spinal cord stimulator were noted to be of minimal benefit. On May 26, 2015, the injured worker complained of chronic low back pain. His medications were noted to help bring his pain down from a 10 on a 1-10 pain scale to a 7. He reported wanting to stay conservative with his treatment. The injured worker denied any gastrointestinal complaints. The treatment plan included medications and a follow-up visit. On July 14, 2015, Utilization Review non-certified the request for Pantoprazole-Protonix 20mg #60 written April 28, 2015, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg QTY: 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI distress Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Proton Pump Inhibitors.

Decision rationale: MTUS Guidelines support the use of proton pump inhibitors (PPI) when there are GI symptoms associated with NSAID or other medication use. This individual meets these criteria with the documented GI symptoms with medication use. ODG Guidelines provide additional recommendations regarding the appropriate PPI is which should be utilized and Protonix is recommended as a second line drug. The prescribing physician documents that first line drug(s) have been trialed without adequate success and that this second line drug appears to provide more benefits. This is consistent with Guideline recommendations. Under these circumstances, the Pantoprazole-Protonix 20mg QTY: 60.00 is supported by Guidelines and is medically necessary.