

Case Number:	CM15-0165456		
Date Assigned:	09/03/2015	Date of Injury:	01/02/1999
Decision Date:	10/15/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 58 year old female who sustained an industrial injury on January 02, 1999. A pain management follow up dated February 02, 2015 reported chief subjective complaint of neck and arm pain. She is also with complaint of shoulder, low back, and leg and knee pains. Current medication consisted of Protonix, Sonata and Norco. She is also using two compound topical agents. The assessment noted the worker with: thoracic or lumbosacral neuritis or radiculitis; cervicgia; pain in joint shoulder region; lumbago; pain in joint lower leg; degenerative disc disease, lumbar; brachial neuritis or radiculitis; cervical disc disease, and myalgia and myositis. The plan of care is with recommendation to continue medications: Norco, Fexmid, Protonix, Sonata, Tramadol, Baclofen ointment and Flurbiprofen, Gabapentin, Lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg #30 (DOS 7/21/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

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 anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Although the claimant was on topical NSAIDS, the Pantoprazole was use for prophylaxis. Therefore, the continued use of Pantoprazole is not medically necessary.