

Case Number:	CM15-0180020		
Date Assigned:	09/21/2015	Date of Injury:	07/12/2013
Decision Date:	10/27/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas

Certification(s)/Specialty: Internal 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 37-year-old female, with a reported date of injury of 07-12-2013. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, disorders of bursae and tendons in the shoulder region, neck pain, headache, umbilical hernia, and depressive disorder. Treatments and evaluation to date have included Norco, Diazepam, Protonix (pantoprazole - since at least 11-2014), and functional restoration program. The diagnostic studies to date have included an MRI of the lumbar spine on 01-12-2014, which showed congenital central stenosis, radial posterior annular tear, disc protrusion at multiple levels, moderate discogenic spondylosis, mild facet arthrosis, Schmorl's nodes, and flattening of the lumbar lordosis; and a urine drug screen on 10-23-2014 with inconsistent findings. The medical report dated 07-07-2015 indicates that the injured worker had no changes since the last visit. The injured worker indicated that she still needed medication for constipation. She had neck pain with radiation to the right shoulder and right upper extremity. The low back pain had increased and radiated to the bilateral lower extremities, which was associated with tingling, numbness, and weakness in the right arm, right hand, right leg, and right foot. The objective findings include an antalgic gait pattern; limitations in cervical range of motion; tenderness to palpation over the cervical paraspinal muscles, superior trapezius, levator scapula, and rhomboid musculature; forward flexion of the lumbar spine at 40 degrees; lumbar extension at 10 degrees; side bending at 20 degrees to the right and left; and limited lumbar rotation. There were no subjective or objective findings regarding the injured worker's gastrointestinal system. The treatment plan included Pantoprazole. The medical report dated 08-04-2015 indicates that

the injured worker reported more pain over the operated umbilical hernia. She complained of neck pain with radiation and low back pain with radiation. The request for authorization was dated 07-31-2015. The treating physician requested Pantoprazole 40mg #30, one tablet by mouth daily. On 08-15-2015, Utilization Review (UR) non-certified the request for Pantoprazole 40mg #30, one tablet by mouth daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg, 1 tablet by mouth daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. There is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, protonix is not medically necessary.