

Case Number:	CM15-0182976		
Date Assigned:	09/23/2015	Date of Injury:	08/16/2005
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina

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 67 year old male, who sustained an industrial injury on 8-16-2005. The injured worker was diagnosed as having history of lumbar strain, history of cervical strain, severe multilevel degenerative disease and joint disease of the lumbar spine, and possible irritable bowel syndrome secondary to depression with anxiety. Treatment to date has included diagnostics and medications. Urine toxicology (5-13-2015) was inconsistent with prescribed medications. Currently (7-23-2015), the injured worker complains of back pain, rated 6 out of 10 current and on average, and 10 out of 10 at worst. He used limited amounts of Zofran to manage irritable bowel syndrome. Current medications included Clorazepate Dipotassium, Gabapentin, Lisinopril, Norco, and Omeprazole. A review of symptoms did not include gastrointestinal complaints. Physical exam of the abdomen was not noted. Medications prescribed included Pantoprazole 20mg daily. The use of Omeprazole was noted since at least 1-08-2015, noting on 3-05-2015 a history of irritable bowel syndrome with frequent nausea and vomiting. The Comprehensive Interdisciplinary Evaluation for Functional Restoration Program (3-06-2015) noted past medical history of gastroesophageal reflux disease, abdominal pain, obesity, diabetes, and hypertension. The progress report (5-20-2015) noted recommendation for continued use of Omeprazole, noting that his "upper GI symptoms are well controlled". Per the Request for Authorization dated 7-23-2015, the treatment plan included Pantoprazole 20mg #30 with 2 refills, non-certified by Utilization Review on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg daily for 30 days #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Pantoprazole.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of dyspepsia, GERD and peptic ulcer disease. The patient does have the diagnosis of GERD and irritable bowel disease but these are not due to industrial incident. Therefore, the request is not medically necessary.