

Case Number:	CM15-0189014		
Date Assigned:	10/06/2015	Date of Injury:	02/14/2013
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 2-14-2013. A review of medical records indicates the injured worker is being treated for lumbar myofascial pain, severe stenosis, moderate stenosis, L3-4 degenerative disc disease, intervertebral disc disease, and sternal strain, chronic. Medical records dated 7-24-2015 noted lumbar discomfort. Her pain was 2 out of 10 and noticeable 40% of the time. Pain was aggravated with almost any movement. Pain is reduced by sitting and taking medications. Physical examination noted she was very limited on movement and her range of motion was very restricted. Treatment has included Lidoderm patches, tramadol, flexeril, and Naproxen. Utilization review form dated 8-23-2015 modified pantoprazole sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole Sodium: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The 8/28/15 attending physician report indicates the patient has chronic lower back complaints. The current retrospective request for consideration is Pantoprazole Sodium. The 8/28/15 progress report offers no discussion to support the request for Pantoprazole Sodium. The CA MTUS does recommend proton pump inhibitors with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. In this case, the patient is taking Diclofenac sodium ER. Guidelines do recommend proton pump inhibitors for patients who are at an increased risk for GI events. However, the medical records available for review do not provide evidence of gastritis or history of peptic ulcer, GI bleeding or perforation. The patient is <65 years old and is not on concurrent use of ASA, corticosteroids, and/or anticoagulants. Additionally the patient is not taking high dose/multiple NSAIDs. As such, the request for Pantoprazole Sodium is not medically necessary.