

Case Number:	CM15-0189457		
Date Assigned:	10/09/2015	Date of Injury:	08/08/2011
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
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: Texas, 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:

This is a 66 year old male patient who sustained an industrial injury on 08-08-2011. The diagnoses include thoracic or lumbosacral neuritis or radiculitis- unspecified, lumbago, lumbar sprain and strain, and chronic pain syndrome. Per the provider notes dated 09-15-2015 he had complains of pain in the lower back characterized as aching, burning, shooting, spasmodic and throbbing, rated as a 5 on a scale of 0 to 10. The pain radiated to the left thigh, right thigh, left leg and right leg. The medications are stated to be helping and tolerated well with no evidence of medication dependency. The medications were helping and his pain symptoms were adequately managed. He states he was not taking pain medications during the day due to preference. He further stated heartburn was managed with Pantoprazole. Quality of sleep was good, and pain level has remained unchanged since last visit. The physical examination revealed tenderness and decreased range of motion of the lumbar spine. The medications list includes Norflex and Pantoprazole. The patient has taken Norflex and Pantoprazole since at least 05-29-2015. Drug screens on 09-15-2015 were consistent with prescribed medications. He has also been having acupuncture and has completed 8 sessions so far reporting good benefits. It is noted he has had fewer flare ups after acupuncture. He is on modified duty at work. A request for authorization was submitted for Norflex 100mg QTY: 60 and Pantoprazole 20mg QTY: 60. A utilization review decision 09/24/2015 certified the Norflex, and non-certified the Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: Pantoprazole 20mg QTY: 60. Pantoprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (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). Per the records provided the patient is 66 years old male with history of heartburn. Use of a PPI like Pantoprazole is recommended in such a patient. The request for Pantoprazole 20mg QTY: 60 is medically appropriate and necessary for this patient.