

Case Number:	CM15-0190459		
Date Assigned:	10/02/2015	Date of Injury:	02/28/2014
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 48 year old female with an industrial injury date of 02-28-2014. Medical record review indicates she is being treated for lumbar or lumbosacral disc degeneration. Subjective complaints (08-27-2015) included lower back pain rated as 7 out of 10. Relieving factors are documented as medication and rest. The treating physician documented medication side effects as "epigastric abdominal pain after taking medication", "managed with Pantoprazole." The provider indicated the injured worker did not experience constipation, nausea or vomiting. Work status is documented as "modified duty." Her current medication regimen is documented as Tramadol 3-4 times a week, Butalbital 4 times a week, Gabapentin 4-5 times a week and Cyclobenzaprine 3 times a week. The provider noted the injured worker took Pantoprazole every day to manage heartburn and stomach pain. Other medications included Sennosides. Prior treatment included Omeprazole which was discontinued at the 05-21-2015 visit. Pantoprazole was started at the 05-21-2015 visit. Physical exam (08-27-2015) documented the injured worker appeared to be well nourished and not in acute distress. Lumbar range of motion was restricted. Review of the medical record does not indicate an abdominal exam or findings. On 09-04-2015 utilization review non-certified the following request: Retro: Pantoprazole 20 mg #60 (DOS: 8/27/2015)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Pantoprazole 20mg #60 (DOS: 8/27/2015): 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: 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 anti-platelet use that would place the claimant at risk. The claimant had an upset stomach while on medications for which Pantoprazole improved symptoms. There was no mention of further GI investigation into cause of GI symptoms. There was no mention of H-Pylori infection or GI bleed. Long-term use is not indicated. Symptom relief is better obtained by change in medications causing GI symptoms. Therefore, the continued use of Pantoprazole is not medically necessary.