

Case Number:	CM15-0191352		
Date Assigned:	10/05/2015	Date of Injury:	10/13/2007
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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 60-year-old male, who sustained an industrial injury on 10-13-07. Medical records indicate that the injured worker is undergoing treatment for cervical disc protrusion, cervical radiculitis, chronic myofascial pain of the cervicothoracic spine, lumbar disc syndrome, lumbar facet syndrome and lumbar radiculopathy. The injured workers current work status was not identified. The only progress report in the medical records dated 8-13-15 notes that the injured worker complained of low back pain especially in the facet joints, neck pain and right elbow pain. Examination of the cervical spine revealed tenderness over the paraspinal musculature and a greatly improved range of motion. Right elbow examination revealed tenderness in the lateral epicondylar region and increased pain with resisted extension and resisted supination. Examination of the low back revealed spasms in the paraspinal musculature on the right. Range of motion was decreased and painful. Documented treatment and evaluation to date has included medications, epidural steroid injections, MRI, electrodiagnostic studies, a toxicology screen, bilateral carpal tunnel syndrome surgery and left shoulder surgery. Current medications include Norco, Celebrex, Neurontin, Benicar, Sertraline, Simvastatin and Pantoprazole. Medications tried and failed include Voltaren and Naproxen, which gave the injured worker gastritis and dyspepsia. The request for authorization dated 8-13-15 included a request for Pantoprazole DR 20 mg # 30 for gastritis and dyspepsia secondary to non-steroidal anti-inflammatory medication usage. The Utilization Review documentation dated 8-31-15 non-certified the request for Pantoprazole DR 20 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole DR 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Proton pump inhibitors (PPIs).

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 antiplatelet use that would place the claimant at risk. The claimant does have dyspepsia from chronic NSAID use. The claimant is on Celebrex and Norco. The claimant still required invasive procedures for further pain relief there is no indication that COX 2 or NSAIDs are required and therefore the PPI would not be required. Therefore, the continued use of Pantoprazole is not medically necessary.