

Case Number:	CM15-0191808		
Date Assigned:	10/05/2015	Date of Injury:	12/20/2014
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
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: California
 Certification(s)/Specialty: Emergency Medicine

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 58-year-old female, with a reported date of injury of 12-20-2014. The diagnoses include lumbar disc protrusion, L1 and L2 compression fracture, lumbar degenerative joint disease and degenerative disc disease, lumbar sprain and strain, lumbar myospasm, and lumbar myalgia. Treatments and evaluation to date have included Naproxen (since at least 05-2015), Carisoprodol, Pantoprazole (since at least 05-2015), and physical therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 06-18-2015 which showed a 4-mm broad-based posterior disc protrusion at T12-L1, an old compression fracture deformity at the superior endplate of L1 vertebral body at L1-D1, a 3-mm circumferential disc bulge, mild bilateral neural foraminal narrowing, and bilateral facet joint hypertrophy at L4-5, and a 3-mm circumferential disc bulge and bilateral facet joint hypertrophy at L5-S1; and electrodiagnostic studies on 06-23-2015 with findings that were consistent with chronic bilateral L4-5 radiculopathy. The supplemental report dated 08-31-2015 indicates that the injured worker complained of low back pain, which was rated 9 out of 10; neck, upper, mid-back pain, and bilateral leg pain, which were rated 9 out of 10; and bilateral shoulder and feet pain, that was rated 8 out of 10. She reported that the pain was associated with weakness, numbness, and swelling of the feet. The pain radiated down to the toes. The initial orthopedic evaluation report dated 08-19-2015 indicates that the injured worker had constant headaches and pain in the neck, back, shoulders, legs, and knees. She rated the pain at that time 8 out of 10. The objective findings (08-31-2015) included tenderness to palpation over the lumbar paraspinal region, positive straight leg raise test, and the range of motion lacked 10 degrees in all planes. There

was no indication that the injured worker had current complaints of or a history of gastrointestinal issues. The treatment plan included a prescription for Pantoprazole (Protonix) 20mg #60. On 08-19-2015, the injured worker's work status was temporarily totally disabled with restrictions. The injured worker was currently (08-31-2015) on modified work duties. The request for authorization was dated 08-31-2015. The treating physician requested Pantoprazole 20mg #60. On 09-23-2015, Utilization Review (UR) non-certified the request for Pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #60: 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: The requested Pantoprazole 20mg, #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh 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), and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant headaches and pain in the neck, back, shoulders, legs, and knees. She rated the pain at that time 8 out of 10. The objective findings (08-31-2015) included tenderness to palpation over the lumbar paraspinal region, positive straight leg raise test, and the range of motion lacked 10 degrees in all planes. There was no indication that the injured worker had current complaints of or a history of gastrointestinal issues. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20mg, #60 is not medically necessary.