

Case Number:	CM15-0199869		
Date Assigned:	10/15/2015	Date of Injury:	09/12/2012
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 27 year old female, who sustained an industrial injury on 09-12-2012. She has reported injury to the neck and low back. The diagnoses have included lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and chronic pain syndrome. Treatment to date has included medications, diagnostics, heat, cold, activity modification, and acupuncture. Medications have included Tylenol Extra Strength, Ibuprofen, Cymbalta, Terocin patch, Lidocaine patch, Baclofen, Ondansetron, and Omeprazole. A progress report from the treating physician, dated 09-24-2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck, upper back, left shoulder, right shoulder, left knee, and left ankle; she rates the pain as 6 out of 10 in intensity; the pain is characterized as aching, burning, stabbing, and tenderness; the condition is associated with nausea; relieving factors include application of cold or heat, exercise, lying supine, rest, and medication; and she states that the medications are helping and she tolerated them well. Objective findings included cervical spine range of motion is decreased and painful; lumbar spine range of motion is restricted and limited by pain; there is tenderness on palpation of the lumbar paravertebral muscles, with tenderness and tight muscle band noted on both sides; and tenderness is noted over the sacroiliac spine. The treatment plan has included the retrospective request for Pantoprazole Sodium DR 20mg #60 (dispensed 09-24-15). The original utilization review, dated 10-01-2015, non-certified the retrospective request for Pantoprazole Sodium DR 20mg #60 (dispensed 09-24- 15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole Sodium DR 20mg #60 (dispensed (09/24/15):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

Decision rationale: The medical records indicate the injured worker sustained a work related injury on 09-12-2012. Her diagnosis include lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and chronic pain syndrome. Treatment to date has included medications, heat, cold, activity modification, and acupuncture. Medications have included Tylenol Extra Strength, Ibuprofen, Cymbalta, Terocin patch, Lidocaine patch, Baclofen, Ondansetron, and Omeprazole. The Medical records do not indicate a medical necessity for Retrospective request for Pantoprazole Sodium DR 20mg #60 (dispensed (09/24/15). Although the MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events when they are being treated with NSAIDS Pantoprazole is a not a first line proton pump inhibitor. Therefore, the Official Disability Guidelines recommends pre-authorization with an explanation why it is being used instead of a first line agent. The medical records does not indicate she is at risk of gastrointestinal event while using NSAIDs; the medical records indicate that Ibuprofen, the NSAID was discontinued at the time of this request, and was not replaced with another NSAIDs, which means NSAID if at all necessary initially, was no longer necessary. Additionally, the injured worker was being treated with a first line proton pump inhibitor, omeprazole, so there was no need to introduce another proton pump inhibitor. Therefore the request is not medically necessary.