

Case Number:	CM15-0022289		
Date Assigned:	02/11/2015	Date of Injury:	10/03/2013
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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 40 year old female who sustained an industrial injury on 10/3/13 involving her back. She is currently experiencing chronic low back pain and frequent muscle spasms radiating hips, posteriolateral legs and toes. Pain intensity is 7/10. Medications are Lyrica, Tramadol, pantoprazole, topical anti-inflammatory. Treatments to date include medications; chiropractic treatment and physical therapy which offer temporary relief; epidural steroid injections which offer no relief per progress note 12/17/14; cognitive behavioral therapy. Diagnoses include degeneration of the lumbar intervertebral disc; lumbosacral radiculitis; sciatica; lumbago; chronic pain syndrome; lumbar facet joint pain; muscle spasms; myofascial pain; drug induced constipation; lumbar sprain; lumbosacral spondylosis without myelopathy; nausea and vomiting and gastroesophageal reflux disease. Diagnostics include MRI of the lumbar spine (1/4/14) showing disc protrusion and subarticular stenosis. In a progress note dated 1/16/15 the treating provider notes the use of pantoprazole for gastritis and flurbiprofen for lower back pain. On 1/26/15 Utilization Review non-certified the request for pantoprazole 20 mg # 60 and flurbiprofen 20% citing MTUS: Chronic pain Medical Treatment Guidelines: ODG: Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs and GI distress
<http://www.drugs.com/protonix.html>

Decision rationale: MTUS Guidelines supports the use of PPI's when there are GI symptoms related to medication use. Guidelines provide that example of a usual and customary dose of Omeprazole and this individual would qualify for it's use. Other PPI's are not mentioned as first line drugs and Protonix is generally not the initial starting drug due to the primary diagnosis of GERD. There are some concerns regarding a slight risk of carcinogenesis with Pantoprazole and the provider does not give a clear explanation as why this is utilized vs. Omeprazole. Under these circumstances the Pantoprazole 20mg. #60 is not medically necessary.

Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical analgesics. Only FDA approved products for topical use are Guideline supported. Flurbiprofen 20% is not FDA approved for topical use and is not supported by Guidelines. If a topical NSAID is medically appropriate there are other Guidelines supported formulations. The Flurbiprofen 20% is not supported by Guidelines and is not medically necessary.