

Case Number:	CM15-0024710		
Date Assigned:	02/17/2015	Date of Injury:	12/30/2005
Decision Date:	04/15/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42-year-old female, with a reported date of injury of 12/30/2005. The diagnoses include lumbar annular tear, lumbar myospasm, lumbar pain, lumbar radiculopathy, and lumbar sprain/strain. Treatments have included physical therapy and oral medications. The progress report dated 02/05/2015 indicates that the injured worker complained of constant, moderate low back pain, stiffness, and heaviness which radiated to her left hip. She rated the pain 7 out of 10. The objective findings included tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, and positive straight leg raise. There was no documentation of migraine headaches or gastrointestinal issues. The treating physician dispensed sumatriptan succinate 25mg #9 and pantoprazole 20mg #60. The medical report from which the request originates was not included in the medical records provided for review. On 01/16/2015, Utilization Review (UR) denied the retrospective request for sumatriptan succinate 25mg #9 (date of service: 12/04/2014) and pantoprazole (Protonix) 20mg #60 (date of service: 12/04/2014). The UR physician noted that there was no documentation consistent with symptomatic migraine, no documentation of symptomatic or functional improvement from previous use of sumatriptan succinate; and there was insufficient documentation contraindicating Prilosec. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sumatriptan succinate 25mg #9 DOS: 12/4/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Sumatriptan.

Decision rationale: The most recent progress note dated February 2, 2015 does not indicate that the injured employee has any subjective complaints of migraine specific headaches. Considering that Sumatriptan is an abortive medication for the treatment of migraine headaches, this request for sumatriptan and is not medically necessary.

Retrospective Pantoprazole (Protonix) 20mg #60 DOS: 12/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk Page(s): 68.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The record provided does not note the G.I. disorder, nor is there documentation of long-term use of an NSAID considered to be a "high dose NSAID" as defined by the American college of gastroenterology. Therefore, this request is recommended for non-certification.