

Case Number:	CM15-0029279		
Date Assigned:	02/23/2015	Date of Injury:	09/17/2013
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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 38 year old male, who sustained an industrial injury on September 17, 2013. He has reported lower back pain. The diagnoses have included disorders of the sacral spine and sciatica. Treatment to date has included medications, acupuncture, heat, and epidural steroid injection. A progress note dated January 7, 2015 indicates a chief complaint of worsening lower back pain and muscle spasms of the right leg. Physical examination showed spasms and guarding of the lumbar spine. The treating physician is requesting a prescription for Pantoprazole-Protonix. On January 23, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule. On February 17, 2015, the injured worker submitted an application for IMR of a request for a prescription for Pantoprazole-Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Page 68.

Decision rationale: Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole-Protonix 20mg #60 is not medically necessary.