

Case Number:	CM15-0029409		
Date Assigned:	02/23/2015	Date of Injury:	01/25/2002
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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 63 year old female, who sustained an industrial injury on 01/25/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnosis includes depression. Treatment to date has included medication regimen and psychotherapy. In a progress note dated 01/12/2015 the treating provider reports the injured worker to have had a significant flare up of low back pain and noted the injured worker be more anxious. The documentation provided did not contain the current requested medication of Pantoprazole, but the documentation from 08/25/2014 indicated prior use of Pantoprazole for gastric reflux. On 02/06/2015 Utilization Review non-certified the requested treatment of 60 tablets of Pantoprazole Sodium DR 40mg with 3 refills between 02/04/2015 and 03/21/2015, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Pantoprazole Sodium DR 40mg, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, Chapter: Pain (Chronic), Proton Pump inhibitors (PPIs).

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

Decision rationale: 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. The documentation provided did not contain the current requested medication of Pantoprazole, but the documentation from 08/25/2014 indicated prior use of Pantoprazole for gastric reflux. 60 Tablets of Pantoprazole Sodium DR 40mg, 3 refills is not medically necessary.