

Case Number:	CM15-0031857		
Date Assigned:	02/25/2015	Date of Injury:	09/02/2005
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 48 year old male who sustained a work related injury on September 2, 2005, after incurring back injuries. He was diagnosed with lumbar radiculopathy, myositis, myalgia, thoracic disc degeneration and chronic pain. Treatments included acupuncture, physical therapy, chiropractic sessions, home exercise program, and pain medications. He underwent lumbar spine fusion. Currently, the injured worker complained of neck pain and spasms radiating down into the lower extremities. He complained of muscle weakness, numbness and tingling in both legs. He complained of heartburn secondary to gastritis. On January 23, 2015, a request for one prescription of Pantoprazole 45 mg, #60, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 45mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, the use of pantoprazole cannot be justified based on the documentation provided for review. The provider discontinued this medication months prior to this request for renewal, without a clear indication. The worker is not using an oral NSAID and there are no other known factors that would increase his risk of gastrointestinal events to warrant chronic use of pantoprazole. Also, pantoprazole comes in 20 mg and 40 mg doses and is used once daily, and the request did not include a valid prescription. Therefore, the pantoprazole 45 mg #60 is not medically necessary.