

Case Number:	CM15-0046591		
Date Assigned:	03/18/2015	Date of Injury:	06/11/2007
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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: Arizona, California
 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 55 year old male, who sustained an industrial injury on 6/11/2007. The current diagnoses are degenerative disc disease of the lumbar spine, lumbosacral spondylosis, and degenerative disc disease of the cervical spine, post-concussion syndrome, and long-term medication use. According to the progress report dated 1/13/2015, the injured worker complains of low back pain with intermittent weakness and numbness in his left leg. He states the pain and numbness is worse with prolonged walking for longer than 10 or 15 minutes. The pain is improved with medications and rest. With regards to medications, he notes a 90% decrease in his pain with the use of Norco. This allows him to perform his activities of daily living with significantly less pain. Additionally, he reports chronic neck pain. The current medications are Meclizine, Colace, Viagra, Gabapentin, Hydrocodone-Acetaminophen, Nabumetone, and Pantoprazole. Treatment to date has included medication management, electrodiagnostic study, MRI of the cervical and lumbar spine, and psychology visits. Per notes, he continues to wish to defer any injections or invasive procedures to his back at this time. The plan of care includes Pantoprazole 20mg #30, Viagra 50mg #14, Gabapentin 600mg #60, Hydrocodone/Acetaminophen 10/325mg #90, and Nabumetone 500mg #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs-PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Recent and prior physical exams did not mention or detect any GI abnormalities for which a PPI would be needed. Therefore, the continued use of Pantoprazole is not medically necessary.