

Case Number:	CM15-0059216		
Date Assigned:	04/03/2015	Date of Injury:	06/12/2011
Decision Date:	05/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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 York
Certification(s)/Specialty: Internal 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 (IW) is a 68 year old female who sustained an industrial injury on 06/12/2011. She reported low back pain. The injured worker was diagnosed as having rule out lumbar disc injury; lumbar radiculopathy; C5-6, C6-7 disc protrusion; left shoulder impingement; headaches. Treatment to date has included medication management, physical therapy, and acupuncture. Currently, the injured worker complains of low back pain right greater than left lower extremity symptoms with spasm, cervical pain left greater than right upper extremity symptoms, weakness in upper extremities, thoracic pain, right knee pain, left knee pain, and ringing in ears. The plan of care includes continuation of medications. A request for authorization is made for Pantoprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General recommendations for NSAID usage; NSAIDs, GI symptoms & cardiovascular risk Page(s): 64; 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Updated 01/30/15, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: PPIs.

Decision rationale: According to the California MTUS (2009), Pantoprazole (Protonix), is a proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is documentation indicating that this patient has GI symptoms but she is not currently on NSAID therapy. There is no specific indication for Pantoprazole therapy. The patient should undergo evaluation by a gastroenterologist. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.