

Case Number:	CM15-0060347		
Date Assigned:	04/06/2015	Date of Injury:	05/17/2012
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
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: California
 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 is a 58 year old female, who sustained an industrial injury on 5/17/12. She reported pain in her upper and lower back due to a box falling her. The injured worker was diagnosed as having status post T4-T9 fusion, cervical strain, L2 compression fracture and lumbar strain. Treatment to date has included physical therapy, IF unit and pain medications. As of the functional capacity evaluation dated 2/3/14, the injured worker reports 5/10 pain in the neck, upper and lower back. Her pain level at best is a 3/10 and at worst 9/10. The treating physician requested Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix Pantoprazole 20mg #60, per 2/23/15 order Qty 60.00: Overturned

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, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the prescription of Anaprox DS Naproxen 550 mg, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Pantoprazole (Protonix) in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Pantoprazole (Protonix). Therefore, the request for Pantoprazole is medically necessary.