MAXIMUS Federal Services

Case Number:	CM15-0060842		
Date Assigned:	04/07/2015	Date of Injury:	09/14/2010
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained an industrial injury on September 14, 2010. He reported dizziness and neck pain with numbness of the entire left side of the body. The injured worker was diagnosed as having other & unspecified disc disorder cervical region, and discogenic lumbar condition with radiculitis. Treatment to date has included MRI, x-rays, work modifications, a cervical collar, a cervical pillow, a transcutaneous electrical nerve stimulation (TENS) unit, chiropractic care, home exercise program, ice/heat, low back brace, and medications including pain, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory. On January 23, 2015, the treating physician reports the injured worker has not worked since 2011. He uses a transcutaneous electrical nerve stimulation (TENS) unit, neck pillow, a back brace, hot/cold wrap, and a collar with gel. The physical exam revealed lumbar spine tenderness with affected range of motion, low back pain with Patrick testing, and weakness to resisted function in the lower extremities. There was decreased neck range of motion, normal upper extremity reflexes, and tenderness along the facets. The treatment plan includes continuing the transcutaneous electrical nerve stimulation (TENS) unit and medications including pain, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21, 68-69, 67-71, 78, 114-116.

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

Decision rationale: Pantoprazole 20 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. The request for his NSAID was not considered medically necessary. Therefore, Pantoprazole is not medically necessary.