

Case Number:	CM15-0085931		
Date Assigned:	05/08/2015	Date of Injury:	03/02/2005
Decision Date:	06/11/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, 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 46 year old female, who sustained an industrial injury on 3/02/2005. Diagnoses include failed back syndrome lumbar, muscle spasm and radiculopathy lumbar spine. Treatment to date has included diagnostics, medications, surgical intervention (laminectomy, undated) and spinal cord stimulator. Per the Supplemental Report on Pain Management Progress dated 4/14/2015, the injured worker reported low back pain with radiculopathy. Pain remains the same across her low back with extension into her left leg. Physical examination of the lumbar spine revealed positive straight leg raise on the right and left at 60 degrees. There was pain upon palpation of the lumbar intervertebral discs. Her gait was mildly antalgic. Anterior flexion of the lumbar spine was noted to be 50 degrees with pain and extension was 20 degrees with pain. The plan of care included medications and authorization was requested for Pantoprazole, Miralax, Percocet, Wellbutrin and Duloxetine. The medication list include Pantoprazole, Miralax, Percocet, Wellbutrin and Duloxetine. The patient's surgical history include revision of laminectomy. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. On review of system dated 4/14/15 the patient did not have nausea, constipation or GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Request: Pantoprazole 20mg #60 Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A recent detailed examination of the gastrointestinal tract was not specified in the records provided. On review of system dated 4/14/15 the patient did not have nausea, constipation or GI upset. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Pantoprazole 20mg #60 is not fully established in this patient and is not medically necessary.