

<b>Case Number:</b>	CM14-0122181		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female with date of injury 2/28/2010. Per secondary treating physician's progress report dated 5/7/2014, the injured worker complains of low back pain and discomfort. Pain level is 7-8/10 and decreases to 1-2/10 after medication. He further states pain travels down both butt regions. He complains of left hip pain and discomfort. Pain level is 9/10 and 3-4/10 with medication. He has difficulty sleeping at night due to pain and discomfort. On examination BP 136/95, P 81, Jamar on right is 50, 50, 50 and on left is 40, 40, 40. Lumbar spine has a well healed incision scar noted of the lumbar spine, +2 tenderness of the paralumbar muscles with associated myospasm. There is decreased range of motion with flexion, extension, right and left lateral flexion. Left hip has +1 tenderness of the trochanteric bursae region and decreased range of motion in all directions. Diagnoses include 1) lumbar disc bulge 2) lumbar radiculopathy 3) internal derangement left hip 4) insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (dosage, frequency, and quantity unspecified) for the management of symptoms related to the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): page(s), 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Pantoprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Pantoprazole when using NSAIDs. This request also does not specify the dose, frequency, or the quantity, and therefore medical necessity cannot be determined. Therefore, the request for Pantoprazole (dosage, frequency, and quantity unspecified) for the management of symptoms related to the lumbar spine is determined to not be medically necessary.