

Case Number:	CM14-0154602		
Date Assigned:	09/24/2014	Date of Injury:	05/05/2008
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal 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:

According to the records made available for review, this is a 57-year-old male with a 5/5/08 date of injury. At the time (7/23/14) of the request for authorization for Pantoprazole 20mg, quantity 60, there is documentation of subjective (lumbar spine pain) and objective (lumbar spine tenderness to palpation of the lumbar paravertebral muscles, positive Nachlas) findings, current diagnoses (lumbar disc displacement, lumbar muscle spasm, and lumbar sprain/strain), and treatment to date (medication including NSAIDs). There is no documentation of risk for gastrointestinal event (high dose/multiple NSAID) and that Pantoprazole is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar muscle spasm, and lumbar sprain/strain. However, despite documentation of treatment with NSAIDs, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg, quantity 60 is not medically necessary.