

Case Number:	CM14-0161826		
Date Assigned:	10/07/2014	Date of Injury:	08/25/2011
Decision Date:	11/07/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 69-year-old male who reported an injury on 08/25/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of cervical spine sprain/strain, lumbar spine/strain with multilevel disc protrusion with left lower extremity radiculopathy, and left shoulder sprain/strain with impingement syndrome. Past treatment was noted to include therapy and medication management. Upon examination on 02/27/2014, the injured worker complained of constant low back pain which he rated as a 4/10 on a VAS. The injured worker's prescribed medications were noted to include tramadol and pantoprazole. The treatment plan consisted of prescribing tramadol, discontinuing ibuprofen, and beginning pantoprazole. The rationale for the request and a Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium 40mg, #90 (dispensed on 5/9/14; 6/19/14; 7/23/14): 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 Page(s): 67-68.

Decision rationale: The MTUS Guidelines state that proton pump inhibitors may be recommended for injured workers who are taking NSAIDs and are at an increased risk for gastrointestinal complications or for those with complaints of dyspepsia related to NSAID use. In the documentation provided for review, the injured worker was noted to be using NSAIDs, but there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. There is a lack of documentation of ongoing gastrointestinal complaints with non-steroidal anti-inflammatory drug use to support the use of pantoprazole. Additionally, the guidelines do not offer support for the use with opioid medications, such as tramadol. As such, the request of Pantoprazole Sodium 40mg, #90 (dispensed on 5/9/14; 6/19/14; 7/23/14) is not medically necessary and appropriate.