

Case Number:	CM14-0163270		
Date Assigned:	10/09/2014	Date of Injury:	09/29/2011
Decision Date:	11/13/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/03/2014

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 Iowa. 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 patient is a 56 year-old male with a date of injury of 9/29/2011. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (8/15/2014) include chronic low back pain rated 5/10, radiating into bilateral lower extremities, worsening with activity and interfering with ability to work. Objective findings (8/15/2014) include reduced lumbar range of motion and decreased sensation bilaterally in the S1 distribution. Diagnoses include lumbar disc disease, lumbar disc protrusion, and bilateral lower extremity radiculopathy. The patient has undergone studies to include EMG (4/2012) which was normal for lower extremities, X-ray of the spine (4/2014) which was essentially normal, and MRI (8/2013) of the spine, which showed small anterolateral osteophytes and narrowing, and desiccation of the L4-5 neural foramina. A utilization review dated 9/4/2014 was not medically necessary per the request for Pantoprazole 20 mg, Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg, qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory and GI (Gastrointestinal) Symptoms Page(s): 22,.

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), NSAIDs, GI Symptoms & Cardiovascular Risk

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI). MTUS guidelines state that medications for GI symptoms are recommended if the patient is at risk for gastrointestinal events. Risk factors include (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. Patients who are at intermediate risk for gastrointestinal events and no cardiovascular disease may be indicated for (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has significant side effects including increased risk of hip fracture. The medical documentation does not provide documented history of GI bleeding, perforation, peptic ulcer, high dose NSAID, ASA use, or other GI risk factors. The treating physician only mentions the indication for the medication (previously Omeprazole) as "gastric protection" and that the current medication regimen is helping, but does not mention any more specific indication or pertinent patient history. Therefore, the request for Pantoprazole 20 mg, Qty 60 is not medically necessary at this time.