

Case Number:	CM14-0182708		
Date Assigned:	11/07/2014	Date of Injury:	07/25/2013
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Emergency 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 37 year-old male, who sustained an injury on July 25, 2013. The mechanism of injury is not noted. Diagnostics have included: June 2, 2014 left knee MRI reported as showing lateral meniscus tear. Treatments have included: physical therapy, medications, left knee arthroscopy. The current diagnoses are: lumbosacral strain, lumbar disc displacement, left knee strain/lateral meniscus tear, radiculopathy. The stated purpose of the request for Retrospective pantoprazole-protonic 20 mg 1daily # 60 DOS was not noted. The request for Retrospective pantoprazole-protonic 20 mg 1daily # 60 DOS was denied on October 20, 2014. Per the report dated September 25, 2014, the treating physician noted complaints of low back pain with radiculopathy. Exam findings included lumbar limited range of motion with decreased sensation to the L5-S1 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pantoprazole-protonic 20 mg 1daily # 60 DOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68,69.

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

Decision rationale: The requested Retrospective pantoprazole-protonic 20 mg 1daily # 60 DOS, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain with radiculopathy. The treating physician has documented lumbar limited range of motion with decreased sensation to the L5-S1 dermatomes bilaterally. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, therefor, the request for retrospective pantoprazole-protonic 20 mg 1daily # 60 DOS is not medically necessary.