

Case Number:	CM15-0014024		
Date Assigned:	02/02/2015	Date of Injury:	06/10/2009
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who reported injury on 06/10/2009. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/15/2014. The documentation of 12/11/2014 revealed the injured worker had a complaint of cervical neck pain in the upper extremity and strange sensations like dripping warm oil down the shoulder and neck. The injured worker was noted to have participated in the [REDACTED] functional restoration program and found it was effective. The injured worker indicated he had medication that reduced his pain from 9/10 to 3/10 to 4/10. The injured worker was able to have significant functional improvement with medication compared to without medication. The injured worker was walking approximately 50% longer distances and sitting about 50% longer. The injured worker was able to spend quality time with his kids and without medications could not do this. The injured worker was able to perform housework and personal hygiene activities. The injured worker complained of constipation and heartburn but denied nausea, abdominal pain, black tarry stools, and throwing up blood. There was noted to be no remarkable previous surgical history. The injured worker's medications included pantoprazole 20 mg #60 1 tablet twice a day, Nucynta 50 mg tablets 1 every 8 hours, and Senna 8.6 mg 1 to 3 tablets by mouth every day as needed for constipation. The diagnoses included cervical disc and lumbar disc displacement without myelopathy. The injured worker was noted to be using pantoprazole since at least 07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 07/2014. The injured worker was noted to continue with heartburn and with this documentation; the efficacy of the medication was established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole-Protonix 20mg #60 is not medically necessary.