

<b>Case Number:</b>	CM15-0018391		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40-year-old male, who sustained an industrial injury on October 15, 2002. The diagnoses have included lumbosacral strain, lumbar or lumbosacral disc degeneration, sprain and strains of lumbar region and myofascial pain/myositis. Treatment to date has included oral medication and lumbar laminectomy and failed spinal cord neuro stimulator implant. Currently, the injured worker complains of lumbar back pain. In a progress note dated December 11, 2014, the treating provider reports on lumbar spine pain limited range of motion, paresthesias to light touch noted in the medial and lateral left leg and medial right leg, positive sacroiliac joint compression test and slump test and gait is antalgic on the left. On January 6, 2015 Utilization Review non-certified a pantoprazole sod DR 20mg and Senna concen tab 8.6mg, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sodium DR 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** This is a proton pump inhibitor indicated for individuals with G.I. symptoms or cardiovascular risk. The most recent progress note dated January 14, 2015 does not indicate that there any complaints of G.I. upset or side effects of opioid or anti-inflammatory medications. As such, this request for pantoprazole is not medically necessary.

**Senna Concen Tab 8.6mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 77 of 127.

**Decision rationale:** The California MTUS guideline recommends prophylactic treatment of constipation with opioid therapy. While the injured employee is prescribed hydromorphone and morphine sulfate there is also a concurrent prescription for Doc-q-lace. Considering this the request is medically necessary.