

Case Number:	CM15-0110457		
Date Assigned:	06/17/2015	Date of Injury:	10/02/2009
Decision Date:	08/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old male who sustained an industrial injury on 10/02/2009. Mechanism of injury was not found in documents provided. Diagnoses include thoracic/lumbosacral neuritis-radiculitis, bilateral inguinal hernia repair, post testicular surgery, and left knee lateral meniscus tear. Treatment to date has included diagnostic studies, medications, lumbar brace, acupuncture, epidural injections, use of a Transcutaneous Electrical Nerve Stimulation unit and exercises. A physician progress note dated 04/17/2015 documents the injured worker complains of low back pain with left rhythm right lower extremity symptoms. He rates his pain as 7 out of 10. His medications facilitate maintenance of ADL. On examination, there is tenderness to the lumbar spine. Lumbar range of motion is restricted. There is a positive straight leg raise. He has swelling of the left knee, which is unchanged. There is a decrease in lumboparaspinal musculature range of motion. The injured worker has a history of gastrointestinal upset with NSAIDs with no proton pump inhibitor. However, with the proton pump inhibitor at three times a day he has not had gastrointestinal upset. The treatment plan includes continues use of a Transcutaneous Electrical Nerve Stimulation unit, lumbar brace, request for epidural injection at Left L4-5 and L5-S1, Tramadol and Naprosyn, and Cyclobenzaprine was dispensed, and a urine drug screen was done on this date. Treatment requested is for Pantoprazole sodium DR 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium DR 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, pantoprazole sodium DR 20 mg #90 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are protrusion L4 -L5 and L5- S1 with radiculopathy; status post bilateral inguinal hernia repair; status post testicular surgery; and lateral meniscus tear left knee. The date of injury is October 2, 2009. Request for authorization is dated June 1, 2015. The medical record contains 25 pages. According to a single progress note (the medical record) stated April 17, 2015, subjectively the injured worker complains of low back pain that radiates to the right lower extremity and bilateral right and left knees. Objectively, there is tenderness palpation over the paraspinal muscle groups. The injured worker recalls gastrointestinal upset associated with nonsteroidal anti-inflammatory drugs. The treating provider prescribed pantoprazole DR 20 mg three times daily. Pantoprazole (Protonix) is a second line proton pump inhibitor. There is no first-line proton pump inhibitor failed treatment. There is no start date with documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with a start date for pantoprazole, evidence of objective functional improvement with pantoprazole and evidence of the first line proton pump inhibitor failed treatment, pantoprazole sodium DR 20 mg #90 is not medically necessary.