

Case Number:	CM15-0111178		
Date Assigned:	06/17/2015	Date of Injury:	09/11/2011
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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 41 year old female who sustained an industrial injury on 09/11/11. Initial complaints and diagnoses are not addressed. Treatments to date include medications, injections, physical therapy, 2 epidural steroid injections, back brace, and crutches. Diagnostic studies include MRIs of the lumbar spine on 10/17/12 and 12/19/14. Current complaints include low back pain. Current diagnoses include discogenic lumbar condition with facet inflammation and sacroiliac joint inflammation and left hip joint inflammation. In a progress note dated 04/27/15 the treating provider reports the plan of care as medications including tramadol, Flexeril, Protonix, and Naproxen, as well as a low back brace, a TENS unit and conductive garment for the low back and a hot/cold wrap. The requested treatments include pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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 Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20mg #60 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal 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 non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are discogenic lumbar condition with both inflammation and SI joint inflammation given right; left hip joint inflammation; and SI joint inflammation on the left. The date of injury is September 11, 2011. The request for authorization is dated May 1, 2015. An orthopedic initial visit report is dated April 27, 2015. The injured worker subjectively complains of heartburn. The provider prescribed pantoprazole. There is no documentation of first-line proton pump inhibitors in the medical record. Protonix (pantoprazole) is a second line proton pump inhibitor point of the guidelines. Consequently, absent clinical documentation with first-line proton pump inhibitor use and failure, Pantoprazole 20mg #60 is not medically necessary.