

Case Number:	CM15-0114387		
Date Assigned:	06/22/2015	Date of Injury:	04/06/2002
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, Texas
 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 62 year old male, who sustained an industrial injury on 4/06/2002. He reported developing low back pain and associated symptoms from repetitive trauma. Diagnoses include post laminectomy lumbar syndrome, degeneration of lumbar disc, sciatica, long-term use medication, and anxiety. He is status post multiple lumbar surgeries. Treatments to date include medication management, physical therapy, epidural steroid injections, insertion of a spinal cord stimulator and enrollment into a functional restoration program. Currently, he complained of chronic low back pain. On 4/28/15, the physical examination documented tenderness and decreased range of motion in the lumbar spine. There was decreased sensation to the right lower extremity with decreased strength noted in dorsiflexion of the right foot. The medical records indicated the spinal cord stimulator was reported as not charging adequately and discussion was had about battery replacement or spinal cord removal in the near future. The plan of care included Pantoprazole-Protonix 20mg; one tablet twice a day #60 (written on 4/28/15).

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, pantoprazole is not medically necessary.