

Case Number:	CM15-0116310		
Date Assigned:	06/24/2015	Date of Injury:	01/05/2002
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 74 year old male who sustained an industrial injury on 01/05/2002. Mechanism of injury was not documented. Diagnoses include lumbar spinal stenosis, and lumbar disc displacement without myelopathy, and status post lumbar surgery. Treatment to date has included lumbar laminectomy of L3-L3, L4 with decompression of L3-L4 and L2-3 spinal segment with decompression of central spinal canal and bilateral partial facetectomies and foraminotomies L2-L3, L3-L4 under fluoroscopy on 03/17/2015, medications, physical therapy, and epidural steroid injections. A physician progress note dated 05/07/2015 documents the injured worker reports good relief of leg pain and weakness. The wound is clean and calves are soft and sensation is within normal limits for the left lower extremity. The treatment plan includes Cyclobenzaprine, diclofenac Sodium ER, Norco, and Tramadol. Treatment requested is for Pantoprazole sodium DR 220mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium DR 220mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, proton pump inhibitor Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Proton Pump inhibitors.

Decision rationale: MTUS Guidelines allow for the use of proton pump inhibitors-PPI's (Omeprazole) for individuals who use NSAIDs and are over age 65 which this individual is. ODG Guidelines provide additional recommendations regarding which PPI's are appropriate and the guidelines do not recommend Pantoprazole as a first line drug. The Guidelines point out that there is no evidence that this drug is superior to first line drugs and they should be utilized first. There is no information provided that would justify an exception to guideline recommendations. Although a first line PPI may be reasonable, the use of the 2nd line Pantoprazole Sodium DR 220mg #60 is not supported by guidelines. Therefore, this request is not medically necessary.