MAXIMUS Federal Services

Case Number:	CM15-0176133		
Date Assigned:	09/25/2015	Date of Injury:	06/22/2001
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Illinois
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 59 year old male, who sustained an industrial injury on 6-22-01. The injured worker is being treated for spinal lumbar degenerative disc disease, chronic back pain, intrathecal pain pump placement and failure of mechanical device. Abdominal x-ray revealed arthritis of hip. Treatment to date has included lumbar epidural injections, intrathecal pump, oral medications including Flexeril 10mg, Lexapro 20mg, Senna, Miralax, Colace 100mg, Percocet 5-325mg, Pantoprazole 50mg, Neurontin 300mg, aspirin 81mg, Diovan 160-25mg, Glipizide, Metformin and Metoprolol 100mg; trigger point injections and activity modifications. On 8-17-15 the injured worker complained of low back pain with radicular pain down the legs to the calve muscles with periodic stumbling and loss of balance. Physical exam performed on 8-17-15 revealed an antalgic gait assisted with a cane, restricted lumbar range of motion with tenderness on palpation of paravertebral muscles, hypertonicity and tight muscle band. Abdominal exam was not included with physical exam. A request for authorization was submitted on 8-17-15 for Oxycodone 5mg #90, Colace 100mg # 180, Lexapro 20mg #90, Flexeril 10mg #270, Neurontin 300mg #180, Senna #180, Miralax #90 and Pantoprazole 4mg #90 with 1 refill. On 8-27-15, a request for Pantoprazole DR 40mg #90 with 1 refill was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sod DR 40mg, take 1 tablet daily #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Appendix A, ODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 6-22-01. The medical records provided indicate the diagnosis of spinal lumbar degenerative disc disease, chronic back pain, intrathecal pain pump placement and failure of mechanical device. Treatment to date has included lumbar epidural injections, intrathecal pump, oral medications including Flexeril 10mg, Lexapro 20mg, Senna, Miralax, Colace 100mg, Percocet 5-325mg, Pantoprazole 50mg, Neurontin 300mg, aspirin 81mg, Diovan 160-25mg, Glipizide, Metformin and Metoprolol 100mg; trigger point injections and activity modifications. The medical records provided for review do not indicate a medical necessity for Pantoprazole sod DR 40mg, take 1 tablet daily #90 with 1 refill. Pantoprazole is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records indicate the injured worker is on Baby Aspirin (Aspirin 81 mg), but there is no indication the injured worker is on NSAIDs or at Gastrointestinal risk; besides the Official Disability Guidelines classifies Pantoprazole as an "N" drug, therefore it requires pre-authorization, and it is not a first line drug. The requested treatment is not medically necessary.