

Case Number:	CM15-0029305		
Date Assigned:	02/23/2015	Date of Injury:	11/15/2012
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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, California
 Certification(s)/Specialty: Family Practice

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 37 year old female, who sustained an industrial injury on November 15, 2012. Her diagnoses include lumbar degenerative disc disease, cervical disc displacement without myelopathy, and headache. She has been treated with MRI, CT scan, work modifications, acupuncture, cervical steroid injection, and medications including muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On January 19, 2015, her treating physician reports ongoing neck pain with numbness in the dorsal and palmar aspects of bilateral hands. The review of systems revealed nausea. The physical exam revealed normal muscle tone and strength of the bilateral upper and lower extremities. Current medications include a muscle relaxant, a proton pump inhibitor, a muscle relaxant/non-steroidal anti-inflammatory and a non-steroidal anti-inflammatory. On January 19, 2015 Utilization Review non-certified a prescription for Protonix 20mg #60, noting the lack of documentation of gastrointestinal complaint or risk factors. The California Medical Treatment Utilization Schedule (MTUS): ACOEM (American College of Occupational and Environmental Medicine) Guidelines, Non- Medical Treatment Utilization Schedule (MTUS) guidelines, and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, Official Disability Guidelines/Integrated Treatment Guidelines Treatment in Workers' Compensation, Official Disability Guidelines Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on the medication for over 6 months for " the stomach. " There was no abnormal gastrointestinal exam or subjective complaint abnormalities. In addition, there were no bleeding issues. Therefore, the continued use of Pantoprazole is not medically necessary.