

Case Number:	CM15-0072604		
Date Assigned:	04/22/2015	Date of Injury:	04/09/2014
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: Physical Medicine & Rehabilitation

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 51 year old male who sustained an industrial lifting injury to his lower back on 04/09/2014. The injured worker was diagnosed with lumbar radiculopathy, lumbar myospasm and lumbar sprain/strain. The injured worker has a history of gastritis and gastroesophageal reflux disorder (GERD). Treatment to date includes diagnostic testing including recent Nerve Conduction Velocity (NCV) studies, conservative measures, podiatry consultation, physical therapy, massage and medications. According to the primary treating physician's progress report on March, 24, 2015, the injured worker continues to experience low back pain with stiffness, numbness, tingling radiating to the right lower extremity. Objective findings were vital sign status and no bruising, swelling, atrophy or lesion at the lumbar spine. The primary treating physician's examination on February 13, 2015 demonstrated tenderness to palpation of the lumbar paravertebral muscles with spasm, positive straight leg raise on the right and Kemp's test causing bilateral pain. There were noted trigger points of the paravertebral muscles and decreased and painful range of motion. Current medications are listed as Cyclobenzaprine, Naproxen and Pantoprazole. Treatment plan consists of urine drug screening; continue with medications and the current request for retrospective Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 3.24.15) for Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Pantoprazole is a proton pump inhibitor, is a medication for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request (DOS: 3.24.15) for Pantoprazole 20mg #60 is not medically necessary and appropriate.