

Case Number:	CM15-0073379		
Date Assigned:	04/23/2015	Date of Injury:	08/02/2012
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 34 year old male, who sustained an industrial injury on 8/02/2012. He reported acute onset of low back pain with radiation down the left leg while picking fruit. Diagnoses include lumbar disc protrusions, spondylosis, and radiculopathy, and cervical disc extrusion with neural encroachment and radiculopathy. Treatments to date include medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of ongoing left lumbar radicular pain. On 3/17/15, the physical examination documented lumbar tenderness and limited range of motion. Straight leg raising test was positive on the left side and there is decreased sensation in left lower extremity. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Practice Guidelines.

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

Decision rationale: Pantoprazole medication is 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 this proton pump inhibitor (PPI) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any symptoms, clinical findings or confirmed diagnostics to warrant this medication. The Pantoprazole 20mg #90 is not medically necessary and appropriate.