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| Case Number: | CM15-0096514 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 09/19/2011 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: Internal 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 38-year-old female, who sustained an industrial injury on 9/19/2011. The medical records submitted for this review did not include the details regarding the initial injury or a complete account of prior treatments to date. Diagnoses include cervical sprain/strain and thoracic sprain/strain. Treatments currently were documented to include topical compound creams, epidural steroid injection, and activity modification. Currently, she complained of severe neck, upper and mid back pain. On 11/28/15, the physical examination documented tenderness in cervical and thoracic spines with decreased range of motion. The plan of care included a referral to pain management for consultation and topical compound creams. The appeal request was for Pantoprazole 20mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole 20mg #60 (DOS: 4/15/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating physician's progress report dated 11/28/14 documented the diagnoses of cervical and thoracic sprain and strain. Page 4 of a partial progress report documented the diagnoses of cervical radiculopathy, cervical sprain strain, lumbar radiculopathy, lumbosacral sprain strain, right hip sprain strain, and left hip sprain strain, and a treatment plan that included Tramadol. Page 1 of the partial progress report was not in the submitted medical records. The date of the partial progress report was not documented on Pages 2-5. Request for authorization (RFA) for Tramadol was dated 12/15/14. No gastrointestinal complaints, conditions, or risk factors were documented. Therefore, the request for the proton pump inhibitor Pantoprazole (Protonix) is not supported by MTUS guidelines. Therefore, the request for Pantoprazole is not medically necessary.