

Case Number:	CM13-0055354		
Date Assigned:	03/31/2014	Date of Injury:	03/17/2008
Decision Date:	05/23/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female with date of injury of 03/17/2008. The listed diagnoses per [REDACTED] dated 10/07/2013 are: 1. Cervical spondylosis without myelopathy. 2. Spondylosis, lumbosacral. 3. Sciatica. 4. Cervical spinal stenosis. 5. Pain in joint of lower leg. 6. Lumbago. 7. Disorders of the sacrum. According to the report, the patient presents with neck, low back, wrist, hand, right knee, and upper extremity pain secondary to carpal tunnel syndrome. The patient is also status post cardiac arrest followed by coronary artery bypass grafting from November 2012. She also reports increased numbness in both hands. The patient denies nausea, vomiting, diarrhea, constipation, abdominal pain, heartburn, dysphagia, hematemesis, and melena. The examination of the right knee is positive for joint line tenderness. Motor examination revealed power of the upper limb muscles and upper and lower extremities responded normally to reflex tests. The patient's current medications include Zanaflex, ketamine, morphine sulfate ER, Protonix, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPOZOLE-PROTONIX 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

Decision rationale: This patient presents with neck, low back, wrist, hand, right knee, and upper extremity pain secondary to carpal tunnel syndrome. The request is for a refill of Protonix 20 mg. Protonix is a group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. For non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & cardiovascular risk the MTUS Guidelines pages 68 and 69 recommend risk for GI events: (1) Ages greater than 65, (2) History of peptic ulcer disease or GI bleeding or perforation, (3) Concurrent use of acetylsalicylic acid (ASA) or corticosteroid and/or anticoagulant, (4) High dose multiple NSAIDs. Prophylactic use of proton pump inhibitors (PPIs) such as Omeprazole is to be used according to these GI risks. In this patient, the review of reports from 04/12/2013 to 10/07/2013 showed that the patient has been taking Protonix since 04/12/2013. None of the 63 pages of records show any history of gastrointestinal issues, GI bleed or perforation, or medication-induced gastrointestinal events. In this case, the routine use of prophylaxis with PPI is not recommended. Recommendation is for denial.