MAXIMUS Federal Services

Case Number:	CM14-0001038		
Date Assigned:	01/22/2014	Date of Injury:	08/19/2011
Decision Date:	04/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

According to the records made available for review, the patient is a 38 year old female with an 8/19/11 date of injury. At the time (12/13/13) of request for authorization for Pantoprazole 20 mg, quantity 60 (proton pump inhibitor), there is documentation of subjective (low back pain rated at 8/10 radiating down the right leg) and objective (mild to moderate distress) findings, current diagnoses (L3-4 and L4-5 disc protrusion with annular tear at L4-5 and lumbar facet syndrome, depression, sleep dysfunction, possible SI joint dysfunction, non-occipital low thyroid and migraines, and right greater trochanteric bursitis), and treatment to date (medications (ongoing treatment with OxyContin, Norco, Cymbalta, and Pantoprazole). Medical report indicates that Pantoprazole has been beneficial with her gastrointestinal symptoms. There is no documentation of a risk for gastrointestinal event including age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20 MG QUANTITY 60 PROTON PUMP INHIBITOR: 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(s): 68-69. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Proton pump inhibitors (PPIs). Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of L3-4 and L4-5 disc protrusion with annular tear at L4-5 and lumbar facet syndrome, depression, sleep dysfunction, possible SI joint dysfunction, non-occipital low thyroid and migraines, and right greater trochanteric bursitis. In addition, there is documentation of ongoing treatment with Pantoprazole. However, there is no documentation of a risk for gastrointestinal event including age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. In addition, despite nonspecific documentation that Pantoprazole has been beneficial with her gastrointestinal symptoms, there is no specific and quantified documentation of functional benefit or improvement. Furthermore, there is no documentation that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20 mg, quantity 60 (proton pump inhibitor) is not medically necessary.