

Case Number:	CM14-0002403		
Date Assigned:	01/24/2014	Date of Injury:	08/20/2003
Decision Date:	06/06/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/07/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 claimant is a 56 year old female who injured her shoulders, knees, and low back after being injured on 8/20/03. She was diagnosed with chronic degenerative lumbosacral disc disease, low back pain with radiculopathy, and right knee pain. The history of her treatments for her back and leg pain included epidural injections, NSAIDs, analgesic patches, Synvisc injections, glucosamine, muscle relaxants, physical therapy, and exercises. On 10/15/13 the claimant treating physician recorded in the note provided that the patient was still feeling low back pain that radiated to her legs with intermittent numbness and tingling in the right leg. The claimant at that time was taking the following medications: Trazodone, Hydrocodone/APAP, Naproxen, Flexeril, Gabapentin, Lidoderm, Protonix, Cozaar, Atenolol, Hydrochlorothiazide, Tolazamide, and aspirin. The treating physician prescribed refills on Lidoderm, Naproxen, Cyclobenzaprine, Hydrocodone, Protonix, Gabapentin, and Trazodone and recommended that the patient receive another epidural injection, and home exercises for her knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PANTOPROZOLE (PROTONIX) 20MG #60 FOR DOS 10/15/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-70.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that to warrant using proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The MTUS also states that for all patients using NSAIDs, blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. If NSAIDs cause dyspepsia in a patient, then the MTUS suggests the patient stop the NSAID, switch to another NSAID, or consider H2-blockers or a proton pump inhibitor. The Official Disability Guidelines (ODG) mention that Protonix specifically is a second-line proton pump inhibitor choice, and Omeprazole or lansoprazole are recommended as first-line choices. In this case, although Protonix had been recommended by the treating physician, the claimant has used this medication for many months leading up to the 10/15/13 request for refill. Protonix isn't the first line choice according to the ODG, and no progress note found in the documents provided, showed any evidence of checking blood pressures or physically examining the claimant's and documenting signs of or lack of fluid excess as part of periodic assessment of patients taking NSAIDs chronically such as this claimant. Therefore, the retrospective request for Pantoprazole (Protonix) 20 mg #60, DOS 10/15/13 is not medically necessary and appropriate.