

<b>Case Number:</b>	CM14-0100860		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 65-year-old male who has submitted a claim for ankle/foot joint pain, status post 3 left great toe surgeries, and status post neuroma removal of the first web space associated with an industrial injury of the 9/17/2007. Medical records from 2014 were reviewed. Patient complained of chronic low back and left foot pain. Patient denied gastric ulcers and GERD symptoms. Physical examination showed a non-antalgic gait. Patient was alert and oriented to 3 spheres. Mood and affect were appropriate. Range of motion of the left great toe was decreased by 50% upon plantar flexion and dorsiflexion. There was no evidence of erythema, swelling, or warmth. Tenderness was noted over the left great toe and left second metatarsal. Treatment to date has included three left great toe surgeries, neuroma removal at the first web space, and medications such as Gabapentin, Flexeril, Nabumetone, Escitalopram, and Protonix (for gastrointestinal prophylaxis since June 2014). Utilization review from 6/25/2014 denied the Retrospective request for Pantoprazole- Protonix 20mg #60 on 06/06/14 because this was considered as "N" drug on ODG Formulary. There was no documentation of failure of "Y" drugs in this class of medication to warrant this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pantoprazole- Protonix 20mg #60 on 06/06/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient was prescribed Protonix since June 2014 for gastrointestinal prophylaxis. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Although patient is 65 years old, he did not meet any other aforementioned risk factors for gastrointestinal event. The guideline criteria were not met. Therefore, the retrospective request for Pantoprazole - Protonix 20mg #60 on 06/06/14 was not medically necessary.