MAXIMUS Federal Services

Case Number:	CM14-0012348		
Date Assigned:	06/11/2014	Date of Injury:	08/26/2008
Decision Date:	08/05/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 52-year-old female who reported an injury to the cervical and lumbar spine and knee on 08/26/2008, of an unknown mechanism. The injured worker complained of neck and back pain that radiated down into the bilateral extremities and aggravated by activity and walking. She stated that her pain was worse since her last visit and rated her pain 8/10 with medications and 10/10 without medications. She also reported limitations in activities of daily living such as self care, hygeine, activity, ambulation, hand function, sleep, and sex. Per the physical examination on 02/13/2014, the injured worker was noted to be in moderate distress with a slow gait, tenderness to the cervical, thoracic, and lumbar regions, as well as upper and lower extremities. She had a MRI of the cervical spine done 11/23/2009. Past treatment of intramuscular pain injections, epidural steroid injections, aqua therapy and oral medications. Diagnoses include lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, fibromyalgia, headaches, depression, anxiety, chronic pain, medication-related dyspepsia, and status post lumbar renewal of hardware. Medications were Gabapentin, Pantoprazole 20 mg, Topamax 25 mg, Fluoxetine 20 mg and Tizanidine 4 mg. The treatment plan was for retrospective/prospective usage of Pantoprezol 20 mg. The request for authorization form was not submitted for review. The injured worker reported that the H2-blocker was helpful. There was rationale for the request for retrospective/prospective usage of Pantoprezol 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE / PROSPECTIVE USAGE OF PANTOPRAZOLE 20MG: 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 & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A- ODG Worker's Compensation drug formulary, pantoprazole (protonix).

Decision rationale: The California Chronic Pain Medical Treatment Guidelines regarding NSAIDs, gastrointestinal symptoms, and cardiovascular risk recommend precautions, when prescribing NSAIDs, against both GI and cardiovascular risk factors, and the determination of risk for gastrointestinal events such as age greater than 65, a history of peptic ulcers or GI bleeding, perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high doses of multiple NSAIDs. For patients at intermittent risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor, for example omeprazole or misoprostol, or a cox-2 selective agent, may be used. The recommendation for the treatment of dyspepsia secondary to NSAID therapy is that the NSAID be stopped, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Long-term PPI use greater than 1 year has been shown to increase the risk of hip fractures. After review of the documentation, it does not support findings of gastrointestinal syptoms or cardiovascular risks other than medication induced dyspepsia. In addition, the injured worker was not shown to be taking an NSAID. Pantoprazole is listed as an N in red on the ODG formulary, which means it is not a first-line PPI and would require pre-authorization and there is no documentation that states she had a failed trial of a first-line PPI or the requested medication is medically necessary. In addition, the request does not give directions for use and quantity. Given the above, the request for retrospective/prospective usage of pantoprezol 20 mg is not medically necessary and appropriate.