

Case Number:	CM14-0013772		
Date Assigned:	02/26/2014	Date of Injury:	03/20/2010
Decision Date:	07/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 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:

This is a 29-year-old male with a date of injury of 3/20/10. The mechanism of injury occurred while working as a mechanic. He lost his balance and fell backward from a tomato machine. He fell approximately 6 feet and landed on concrete. He had pain in the low back and right hip. On 12/27/13, he reports significant relief with his leg and lower back pain after an epidural block on 12/17/13. On exam there was tenderness over lumbar paraspinal region, with spasm overlying the facet joints on the right. The diagnostic impression is sacroiliac joint pain, lumbar discogenic pain, lumbar facet syndrome, hip pain, and lumbosacral radiculopathy. Treatment to date: medication management work restrictions, home exercise program. A UR decision dated 1/3/14, denied the request for pantoprazole. The request was previously denied on 9/3/13. The latest documentation available suggests that the patient is continuing to experience heartburn despite the use of another proton pump inhibitor. Guidelines state that proton pump inhibitors such as pantoprazole (Protonix) are recommended for patients taking NSAIDs who are at intermediate or high risk for a GI event. Although this patient is currently being prescribed NSAIDs, he does not meet the aforementioned criteria to be considered at risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of pantoprazole 20mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter and on the Other Medical Treatment Guideline or Medical Evidence: FDA Pantoprazole (Protonix).

Decision rationale: CA MTUS does not specifically address Pantoprazole (Protonix). ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. The patient had been on omeprazole in conjunction with his NSAID use, but on 7/31/13, he reported that he still had some heartburn despite taking omeprazole. At this time the omeprazole was stopped and a new prescription for pantoprazole 20mg daily was given. At this time it appeared that the patient was tried and continued to experience heartburn due to the NSAID therapy. The patient continued pantoprazole until 12/27/13, at which time for unknown reasons given, the patient was prescribed omeprazole again. However, from the documentation provided, it is unclear why Protonix is now being requested since the patient was switched to omeprazole, and which PPI the patient is actually on. Further information would be necessary to substantiate this request. Therefore, the request for 1 Prescription of Pantoprazole 20mg #30 was medically necessary.