

Case Number:	CM14-0114865		
Date Assigned:	08/04/2014	Date of Injury:	08/09/2011
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/22/2014

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, has a subspecialty in Pain Management 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a patient with a date of injury August 9, 2011. A utilization review determination dated July 9, 2014 recommends non-certification of Pantoprazole and Naproxen. A utilization review treatment appeal letter dated August 5, 2014 indicates that the patient has a history of G.I. complications secondary to the use of NSAIDs. He has also tried opioids which caused G.I. upset and had to discontinue. Currently the patient uses Naproxen which has the propensity to cause G.I. complications such as gastritis, heartburn and nausea. Therefore, Pantoprazole is used as a preventative and prophylactic measure. The note goes on to indicate that the patient does not use Naproxen on a regular basis and uses it intermittently as needed. With the medication, the patient is able to tolerate work and perform home exercises with less pain. The patient is only able to use Norco at night since he has a dangerous job during the day, and therefore uses the anti-inflammatory while at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68-69 of 127 Page(s): 68-69 OF 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, it is clear the patient is at risk for gastrointestinal events with NSAID use. Unfortunately, there is no indication that the patient has failed first-line agents prior to initiating treatment with Pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding that issue, the request for Pantoprazole is not medically necessary.

Naproxen Sodium (Anaprox) 550mg, qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 67-72 of 127 Page(s): 67-72 OF 127.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that Naproxen is providing analgesic benefits and objective functional improvement. Additionally, the requesting physician has identified that the patient is using the lowest dose intermittently when he is unable to use opiates for pain control. As such, the currently requested Naproxen is medically necessary.