

Case Number:	CM14-0116472		
Date Assigned:	08/04/2014	Date of Injury:	06/18/2003
Decision Date:	09/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 44-year-old male with a 6/18/03 date of injury. At the time (6/16/14) of request for authorization for Pantoprazole-Protonix 20 mg #60, there is documentation of subjective (neck pain, headaches, and fatigue) and objective (not specified) findings, current diagnoses (cervical spondylosis without myelopathy, neck pain, lumbosacral neuritis and lumbar sprain/strain), and treatment to date (ongoing therapy with Pantoprazole, Dilaudid, Exalgo, Ambien, and Gabapentin). In addition, medical report identifies that the patient denies heartburn and abdominal pain. There is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as second-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptoms Page(s): 68.

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) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Dexilant is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as Omeprazole or Lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, neck pain, lumbosacral neuritis and lumbar sprain/strain. In addition, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. In addition, there is no documentation that Protonix is being used as second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole-Protonix 20 mg, #60 is not medically necessary.