

Case Number:	CM14-0154667		
Date Assigned:	09/24/2014	Date of Injury:	02/11/2012
Decision Date:	12/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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 66 year-old patient sustained a left foot crush injury with left toe amputation on 2/11/12 when forklift ran over foot while employed by [REDACTED]. Request(s) under consideration include Protonix (Pantoprazole) 20mg #60. The patient underwent left great toe IP joint ORIF with debridement on 2/29/12. There is history of s/p laminectomy secondary to multiple myeloma on 10/3/13. Diagnoses include lumbar spine HNP/ radiculitis; thoracic spine compression fracture secondary to Multiple Myeloma; phantom limb pain rule out RSD; and multiple myeloma (non-industrial). X-rays of left foot on 8/12/13 showed post-surgical absence of left great toe with mild osteopenia of metatarsals; calcaneal heel spur; no fracture or other abnormalities presented. Report of 5/8/14 noted mid and low back pain radiating to left posterior leg rated at 4/10. Omeprazole was for gastric protection and Gabapentin was prescribed along with continued treatment of aquatic therapy for thoracic and lumbar spine. Report of 8/19/14 noted reviewing MRI of lumbar spine showing diffuse 1-2 mm disc bulging at L3-S1. Exam indicated left toe amputation site well-healed; tenderness to light touch. Treatment included UDS, medication refills of Topical creams, Neurontin, Protonix, chiro x 12 sessions, medical food, IF, cold therapy unit, FCE, x-rays, MRI of L/S, EMG/NCV of lower extremities, and TTD. The request(s) for Protonix (Pantoprazole) 20mg #60 was non-certified on 8/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix (Pantoprazole) 20mg #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 Section on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Medication does not list any use of NSAIDs. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Protonix (Pantoprazole) 20mg #60 is not medically necessary and appropriate.