

Case Number:	CM14-0029002		
Date Assigned:	06/16/2014	Date of Injury:	12/03/2001
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The patient is a 44 year old female who was injured on 12/03/2001. Mechanism of injury is unknown. Progress report dated 09/26/2013 documented the patient with complaints of chronic, severe cervical pain due to degenerative joint and disc disease with history of complex regional pain syndrome of bilateral upper extremities. The patient rates her pain without medication as 10/10 and with medication 4-5/10. Today the pain is rated as 8/10. The patient has been noting constipation. Current medications include: Kadian, OxyContin, Adderall, Protonix, Diclofenac sodium, Tizanidine, omeprazole, and Senna. Objective findings one examination of the cervical spine reveals tenderness to palpation at C4-C5. Range of motion forward flexion 40 degrees, right and left lateral flexion 35 degrees, hyperextension 50 degrees and right and left lateral rotation 55 degrees. Sensory exam is decreased at right C5, C6 and C7, left at C6 and C71. Diagnoses: 1. Mechanical compression nervous system device implant and graft. 2. Tendinitis left hand. 3. Tendinitis right wrist. 4. Carpal tunnel release bilaterally. 5. Cervical radiculopathy. 6. Degeneration of cervical intervertebral disc. Utilization report dated 02/19/2014 denied the request for Protonix as proton pump inhibitors are supported for patients with a history of gastrointestinal events. However, there should be a first-line trial of proton pump inhibitors like omeprazole or Lansoprazole before Nexium therapy. The other proton pump inhibitors like Protonix, Dexilant and Aciphex are also second-line. According to the medication review of April 15, 2013, the patient has nonsteroidal anti-inflammatory drug induced gastritis. However, it is not clear if she has failed the recommended first line proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 40MG, 1 EVERY 12 HRS #60X5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, Protonix (Pantoprazole); a proton pump inhibitor that is recommended for patients at risk for gastrointestinal events. Risk factors for gastrointestinal events include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Medical record indicate the patient has nonsteroidal anti-inflammatory drug induced gastritis. However, there is no trial of first-line proton pump inhibitors like omeprazole or Lansoprazole before second-line treatment like Protonix. Therefore, the medical necessity is not established.