

Case Number:	CM14-0029179		
Date Assigned:	06/20/2014	Date of Injury:	11/05/1991
Decision Date:	11/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Preventive Medicine and is licensed to practice in Iowa. 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 57 year old employee with date of injury 11/5/1991. Medical records indicate the patient is undergoing treatment for internal derangement of knee and lumbar radiculopathy. She is status post (s/p) lumbar spine surgery (7/10/11). Subjective complaints include low back pain radiating to lower extremities bilaterally. Pain is constant, sharp, and throbbing. Pain is made worse by twisting, turning, bending, increased activity, and cold weather. Left knee pain is sharp, aching, burning, throbbing, and shooting. She rates her pain from a 7-10/10. Pain is constant and awakes her during sleep. Patient reports stomach pain and bloating, also has some nausea, diarrhea, and constipation. Objective findings include a lumbar scar on visual inspection. Patient walks with an antalgic gait. Tenderness is present in lumbar paraspinal muscles. Tenderness noted to bilateral lumbar paravertebral regions L3-4, L4-5, and L5-S1. Noted to have spasms in both legs and cramping in feet. Straight leg raise is positive bilaterally at 60 degrees. Left knee flexion is 70 degrees. Knee appearance is abnormal with multiple scars. No effusion is noted. Left superior patella, inferior patella, and lateral patella are painful to palpation. Treatment has included lumbar back surgery, multiple knee surgeries, physical therapy, and home exercises. Medications for treatment include Cymbalta, Prilosec, Sentra PM, baclofen, gabapentin, docsae sodium, trazodone, pantoprazole, methadone, and lorazepam. The utilization review determination was rendered on 2/25/14 recommending non-certification of pantoprazole 20mg tab- 1 daily PRN #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole delayed release 20mg tab - 1 tab po daily PRN #60: Upheld

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

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), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." "The patient does not meet the age recommendations for increased gastrointestinal (GI) risk. The medical documents provided establish the patient has experienced GI discomfort, but does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Pantoprazole delayed release 20mg tab - 1 tab po daily PRN #60 is not medically necessary.