

Case Number:	CM14-0049627		
Date Assigned:	07/07/2014	Date of Injury:	07/25/2003
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 56-year-old female with a 7/25/03 date of injury. At the time (1/14/14) of request for authorization for Pantoprazole 20 mg. QTY: 60/30 day supply, there is documentation of subjective (not specified) and objective (decreased temperature and discoloration in the left upper extremity versus right upper extremity, decreased cervical spine range of motion, tenderness with spasm/guarding of cervical spine and trapezius, and hypersensitivity with allodynia in left upper extremity versus right upper extremity) findings, current diagnoses (other chronic pain, nerve root and plexus disorders, brachial plexus lesions, neuropathic pain, cervical radiculitis, pain in joint, shoulder region, cervical degenerative intervertebral disc, and adhesive capsulitis of shoulder), and treatment to date (medications (including ongoing treatment with Protonix, Ambien, Lyrica, Ultram ER, Cyclobenzaprine, and Celebrex)). There is no documentation of risk for gastrointestinal events and that Protonix is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg. QTY: 60/30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 > 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of other chronic pain, nerve root and plexus disorders, brachial plexus lesions, neuropathic pain, cervical radiculitis, pain in joint, shoulder region, cervical degenerative intervertebral disc, and adhesive capsulitis of shoulder. However, there is no documentation of risk for gastrointestinal events and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20 mg. QTY: 60/30 day supply is not medically necessary.