

Case Number:	CM14-0062508		
Date Assigned:	07/11/2014	Date of Injury:	05/03/2010
Decision Date:	08/11/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/05/2014

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, with 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 49-year-old male with a May 3, 2010 date of injury. At the time (January 29, 2014) of request for authorization for Retrospective - Pantoprazole - Protonix 20mg take 1-2 daily #60, there is documentation of subjective (low back pain with radiation into the right lower extremity) and objective (not specified) findings, current diagnoses (chronic pain, lumbar disc displacement without myelopathy, lumbosacral spondylosis, and sciatica), and treatment to date (ongoing therapy with Tramadol and Cyclobenzaprine, functional restoration program, and physical therapy). There is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and failure of a first-line PPI (omeprazole or lansoprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole - Protonix 20mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The 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 (acetylsalicylic acid), 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. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and failure of a first-line PPI (omeprazole or lansoprazole), as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of chronic pain, lumbar disc displacement without myelopathy, lumbosacral spondylosis, and sciatica. However, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and failure of a first-line PPI (omeprazole or lansoprazole). Therefore, the request for Pantoprazole - Protonix 20mg, sixty count is not medically necessary or appropriate.