

<b>Case Number:</b>	CM14-0073197		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 47-year-old male with a 3/8/12 date of injury. At the time (4/4/14) of Request for Authorization for Pantoprazole 20mg #60, DOS (Date of Service) 04/04/14, there is documentation of subjective (chronic low back and right hip pain) and objective (positive straight leg raise test on the right, spasms and guarding noted in the lumbar spine, and tenderness to palpation over the trochanteric bursa of the right hip) findings, current diagnoses (disorders of the sacrum and sciatica), and treatment to date (ongoing therapy with Naproxen, Protonix, and Gabapentin). In addition, 5/1/14 medical report identifies a request for Protonix for GI prophylaxis due to chronic Naproxen use. There is no documentation that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #60, DOS (Date of Service) 04/04/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 NSAIDs. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole (Protonix) is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as Omeprazole or Lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of disorders of the sacrum and sciatica. In addition, there is documentation of chronic NSAID therapy and Protonix is being used for preventing gastric ulcers induced by NSAIDs. However, there is no documentation that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as Omeprazole or Lansoprazole). Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg #60, DOS (Date of Service) 04/04/14 is not medically necessary.