

<b>Case Number:</b>	CM14-0131406		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 30 year old male with an injury date of 07/03/13. Based on the 12/15/14 progress report provided by treating physician, the patient complains of lower back pain rated 9/10 with increasing left lower extremity symptoms and thoracic pain rated 5/10. Patient recalls history of GI upset during trial phase of NSAID therapy and that Pantoprazole has controlled these symptoms, denies history of ulcer, hemoptysis, or hematochezia. Physical examination dated 12/15/14 revealed tenderness to palpation to bilateral lumbar spine. Range of motion was decreased by 60 percent on flexion and 50 percent on bilateral flexion, and 40 percent with rotation to the right. Progress report dated 05/09/14 states "NSAID results in marked diminution in pain and facilitates functional improvement therefore is medically necessary and indicated, hence PPI is medically necessary to continue this medication safely and without adverse effects." The patient is currently prescribed Tramadol, Naproxen, Pantoprazole, Orphenadrine. Patient is temporarily partially disabled. Diagnosis 12/15/14, 08/11/14, 06/30/14- Facet osteoarthropathy bilateral L5 and S1- Rule out facet mediated low back pain- Thoracic myofascial painThe utilization review determination being challenged is dated 07/17/14. The rationale is "The report states that without this dose, 60 mg a day, the patient gets gastrointestinal side effects from the Naproxen... This exceeds the 40 MG maintenance dose for healing of erosive esophagitis and increases this patient's risk of side effect... since the Naproxen is not indicated this is not indicated..." Treatment reports were provided from 05/9/14 to 12/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks.

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

**Decision rationale:** The patient presents with lower back pain rated 9/10 with increasing left lower extremity symptoms and thoracic pain rated 5/10. Patient recalls history of GI upset during trial phase of NSAID therapy and that Pantoprazole has controlled these symptoms, denies history of ulcer, hemoptysis, or hematochezia. The request is for Pantoprazole 20mg #90. Physical examination dated 12/15/14 revealed tenderness to palpation to bilateral lumbar spine. Range of motion was decreased by 60 percent on flexion and 50 percent on bilateral flexion, and 40 percent with rotation to the right. The patient is currently prescribed Tramadol, Naproxen, Pantoprazole, Orphenadrine. Patient is temporarily partially disabled. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. With regards to Pantoprazole, there is well documented risk of GI upset following NSAID therapy. Per reports provided, the patient is typically taking 550 mg Naproxen TID for the treatment of his aforementioned lower back pain and taking Pantoprazole to control GI upset. MTUS guidelines indicate that prophylactic PPI therapy is warranted in conjunction with high dose NSAID therapy or in cases where the patient has a history of gastritis. Additionally, progress reports document marked decrease in function owing to NSAID therapy and a reduction in associated GI upset owing to PPI therapy. Therefore, this request is medically necessary.