

Case Number:	CM14-0199272		
Date Assigned:	12/09/2014	Date of Injury:	09/28/2010
Decision Date:	02/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehabilitation, 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 40 year old male with the injury date of 09/28/10. Per physician's report 09/22/14, the patient has low back pain, radiating down his lower extremities bilaterally. The lumbar flexion is 40 degrees, extension is 20 degrees and lateral bending is 20 degrees. The patient is taking Pantoprazole, Cyclobenzaprine, Naproxen and Norco. "The above medications are helping the patient's pain by 50% and increase ADLs such as cooking, cleaning and self-care." The lists of diagnoses are:1) Lumbar strain2) Lumbar disk disease3) Lumbar radiculopathy4) Lumbar contusion5) Spondylolisthesis6) SpondylosisThe treater requested Pantoprazole for intermittent GI irritation in conjunction with NSAIDs usage. Per 06/12/14 progress report, "the patient indicates medication decreases pain and results in improved function and greater level of activity. Reports improved range of motion, ADL's maintained with medication on board including grocery shopping, bathing, grooming, daily house hold duties such as preparation of food and taking out trash. " The patient states "4 point diminution in pain on scale of 10 with hydrocodone... reports further decrease in pain, 3 points average on scale of 10 with NSAIDs. History of GI upset without PPI, PPI at qd dosing, and with PPI at bid dosing trials however no GI upset with PPI at tid dosing... Orphenadrine 100mg bid decreases spasm with resultant diminution in pain 3 points average on scale of 10 with increase intolerance to exercise, activity and notable increase in range of motion... Topical did decrease neuropathic pain up to 5 points on a scale of 10 with improved tolerance to standing and walking." The utilization review letter denied Pantoprazole because "there is no documentation of trial and failure of a first-line agent such as Omeprazole or lansoprazole." The utilization review determination being challenged is dated on 10/30/14. Treatment reports were provided from 05/12/14 to 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities bilaterally. The request is for Pantoprazole 20mg #60. The patient has been utilizing Pantoprazole since 09/22/14. The treater requested Pantoprazole for intermittent GI irritation in conjunction with NSAIDs usage. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treater does provide GI assessment to require prophylactic use of PPI. The 06/12/14 progress report indicates that the patient has "history of GI upset without PPI, PPI at qd dosing, and with PPI at bid dosing trials however no GI upset with PPI at tid dosing." However, the treater does not explain why the patient must be on high dose of PPI when the patient's Naprosyn can be simply stopped or switched to another medication. Drugs.com under Pantoprazole for GERD states, "Oral: 40 mg orally once a day, for short-term administration (up to 8 weeks); however an additional 8 weeks may be considered for patients who have not healed after the initial treatment. Safety and efficacy beyond 16 weeks of therapy have not been established." For gastritis, 40mg dosing per day is recommended. There is lack of support for use of this medication at high dose for long-term. The request is not medically necessary.