

Case Number:	CM14-0211874		
Date Assigned:	12/24/2014	Date of Injury:	05/19/2009
Decision Date:	02/27/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 injured worker is a 53-year-old gentleman with a date of injury of 05/19/2009. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician notes dated 11/11/2014 indicated the worker was experiencing neck, upper back, lower back, and knee pain. The documented examination described tenderness in the upper and lower back muscles, tenderness in both knees, and a widened painful walking pattern. The submitted and reviewed documentation concluded the worker was suffering from internal knee derangements, discogenic lumbar and cervical pain with leg and arm radicular components respectively, and chronic pain syndrome. Treatment recommendations included medications, modified activities, bracing, a functional capacity evaluation, upper back traction, medications injected into the knees, and follow up care. A Utilization Review decision was rendered on 12/06/2014 recommending non-certification for sixty tablets of Protonix (pantoprazole) 20mg. A treating physician note dated 08/05/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): (s) 68-71, 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Protonix (pantoprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing neck, upper back, lower back, and knee pain. There was no discussion describing symptoms or findings consistent with any of the above conditions or suggesting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Protonix (pantoprazole) 20mg is not medically necessary.