

Case Number:	CM14-0060948		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2005
Decision Date:	01/22/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Preventive Medicine 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 66-year-old male with a 5/13/05 date of injury. At the time (4/14/14) of request for authorization for Protonix 20mg, # 60, 1-2 every day, there is documentation of subjective (neck pain and heart burn) and objective (antalgic gait and decreased lower extremity muscle strength) findings, current diagnoses (lumbar disc degeneration, neck pain, and sciatica), and treatment to date (medications (including ongoing treatment with Protonix, Cyclobenzaprine, Aspirin, and Gabapentin)). Medical report identifies that patient has gastrointestinal side effects with Gabapentin. There is no documentation of Protonix being used as a second-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, # 60, 1-2 every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Proton Pump Inhibitors.

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) Other

Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. 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. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, neck pain, and sciatica. In addition, given documentation that patient has gastrointestinal side effects with Gabapentin; there is documentation of risk for gastrointestinal event. However, there is no documentation of Protonix being used as a second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg, # 60, 1-2 every day is not medically necessary.