

Case Number:	CM15-0000369		
Date Assigned:	01/09/2015	Date of Injury:	02/20/2013
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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 44 year old female, who sustained an industrial injury on 2/20/2013. She has reported injury to the right lower extremity as a result of falling while cleaning a jacuzzi. A second industrial injury was noted on 1/17/2014, resulting in injury to the left ankle. The diagnoses have included medication induced gastritis, cervical and lumbar spine strain/sprain, lower extremity neuropathy, right knee sprain/strain, right ankle sprain/strain, chronic pain, tension headaches, and insomnia. Treatment to date has included an unspecified surgery to the left ankle and conservative measures. Currently, the injured worker complains of constant neck pain, rated 7/10, constant right shoulder pain, rated 8/10, intermittent knee pain, rated 6-7/10, intermittent low back pain, rated 6/10, constant left ankle and foot pain, rated 6/10, and intermittent right ankle pain, rated 3-4/10. Physical exam noted tenderness over the C5-C6, C6-C7, L4-L5, and L5-S1 areas with decreased range of motion. Generalized patellar tenderness and decreased range of motion was noted to the right knee. Full range of motion of the left foot and ankle with tenderness over the lateral distal malleolus was noted. Urine drug testing was negative. No gastrointestinal symptoms were described. Current medications included ibuprofen 600mg once daily, pantoprazole 20 mg once daily, and Gabapentin 300mg twice daily. Cyclobenzaprine and capsaicin compounds were ordered to affected areas twice daily. Treating physician notes dated 11/24/2014 and 12/03/2014 were also reviewed. On 12/10/2014, Utilization Review non-certified a prescription for pantoprazole 20mg #30, noting the lack of compliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

pantoprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 150.0. UpToDate, accessed 03/09/2015.

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 pain in the neck, right shoulder, right knee, lower back, and both ankles and feet. There was no discussion describing symptoms or findings consistent with any of the above conditions or suggesting special circumstances that sufficiently supported this request. Further, treatment recommendations continued to include NSAID therapy. For these reasons, the current request for thirty pantoprazole 20mg is not medically necessary.