

<b>Case Number:</b>	CM15-0147395		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male, who sustained an industrial injury on September 2, 2005, incurring low back, neck and upper extremity injuries from a forklift accident. He was diagnosed with lumbar disc disease, lumbar radiculopathy, and cervical strain. He underwent lumbar discectomy and lumbar fusion. Treatment included physical therapy, and home exercise program, chiropractic sessions, muscle relaxants, neuropathic medications, pain medications, anti-inflammatory drugs, and activity restrictions. Currently, the injured worker complained of persistent numbness in the left upper extremity radiating into the hand. He had frequent muscle spasms in the neck, and low back pain with lower extremity pain. The pain was aggravated by activity, walking, repetitive motions, flexion, and extension. He was noted to have limited range of motion and decreased motor strength in his lower back and legs. The injured worker developed reflux disease secondary to the use of anti-inflammatory drugs. Treatment included proton pump inhibitor. The treatment plan that was requested for authorization included a prescription for Pantoprazole.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any specific GI symptoms and clinical findings that meet the criteria to indicate medical treatment. Review of the records show no documentation of any specific identified symptoms, or confirmed GI diagnosis to warrant this medication. The Pantoprazole 20mg #30 is not medically necessary and appropriate.