

Case Number:	CM15-0148366		
Date Assigned:	08/11/2015	Date of Injury:	02/14/2002
Decision Date:	09/11/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury to the neck, left shoulder and left rib cage on 2-14-02. Recent treatment consisted of medication management. The injured worker had completed a functional restoration program in the past. In a visit note dated 7-8-15, the injured worker reported no acute changes to his pain. The injured worker reported continued difficulty obtaining all his medications, which contributed to his worsening pain and depression. The injured worker admitted to occasional feelings of hopelessness and suicidal ideation but denied a plan. The injured worker occasionally used marijuana, received Percocet from his primary care doctor and occasionally took Motrin. The injured worker complained of abdominal pain but denied constipation, heartburn, nausea, black, tarry stools and throwing up blood. Past medical history consisted of chronic musculoskeletal pain, depression, gastrointestinal disorders, headaches and hernias. Physical exam was remarkable for no abnormalities to gait or station and normal muscle tone without atrophy to all extremities. Current diagnoses included chronic pain syndrome, carpal tunnel syndrome, shoulder joint pain and long-term use of medications. The treatment plan included continuing medications (Nabumetone, Protonix, Flexeril and Prozac). A letter of appeal notes failure of Prilosec. The injured worker is being prescribed non-steroidal anti-inflammatory medications and has gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Pantoprazole-Protonix 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton pump inhibitors (Protonix).

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 Chapter/Proton pump inhibitors (PPIs).

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker meets the criteria for proton pump inhibitor as he is at risk for gastrointestinal events. However, as noted in ODG," A trial of Omeprazole or Lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)". In this case, while it is noted that the injured worker has failed Prilosec (Omeprazole), the medical records do not establish failure of Prevacid (Lansoprazole) or Nexium (esomeprazole magnesium). The request for 1 prescription of Pantoprazole-Protonix 20mg #60 with 3 refills is therefore not medically necessary and appropriate.