

Case Number:	CM15-0191650		
Date Assigned:	10/05/2015	Date of Injury:	03/04/2009
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial-work injury on 3-4-09. He reported initial complaints of shoulder and back pain. The injured worker was diagnosed as having thoracic-lumbosacral neuritis and radiculitis, myalgia, osteoarthritis of shoulder, hypertension, heartburn, and depression. Treatment to date has included medication, surgery (right shoulder in 9-2012), and diagnostics. Currently, the injured worker complains of severe lower back pain and groin pain and bilateral shoulder pain and complains of mid back pain. He is managing pain with use of medication to some extent. Pain without meds is rated 10 out of 10 and with medication is 7 out of 10. Medications include Percocet 10-325 mg, Prilosec 20 mg, Gabapentin 800 mg, theramine, Cele-Lyri-Lido rub, and Tram-Baclo rub. Per the primary physician's progress report (PR-2) on 9-8-15, exam notes tenderness to lumbar, sacral, S1 joint, positive for muscle spasm, positive straight leg raise, normal reflexes, and diminished sensation to touch at L2-L3 nerve root distribution. There is tenderness to palpation to shoulder regions with decreased range of motion. The Request for Authorization requested service to include Protonix/Pantoprazole Sodium 20mg, 30-day supply, #60. The Utilization Review on 9-21-15 denied the request for Protonix/Pantoprazole Sodium 20mg, 30 day supply, #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009; Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix/Pantoprazole Sodium 20mg, 30 day supply, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors.

Decision rationale: Protonix is a proton pump inhibitor (PPI) used primarily for gastroesophageal reflux disease, esophagitis, hypersecretory conditions, upper GI bleeding and H. pylori infection. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. The medical records do note a history of heartburn without a diagnosis of gastritis. The records note that Protonix was used until July 2015. The treatment notes on 7-19-15, 8-10-15 and 9-8-15 indicate that Prilosec, a first-line PPI agent, is prescribed. There is no evidence of treatment failure for the Prilosec. Since Protonix is not a first-line PPI, the request for Protonix/Pantoprazole Sodium 20mg, 30-day supply, #60 is not consistent with the MTUS guidelines and is not medically necessary.