

Case Number:	CM15-0199272		
Date Assigned:	10/14/2015	Date of Injury:	08/25/2005
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, Hawaii
 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 68 year old male injured worker suffered an industrial injury on 8-25-2005. The diagnoses included acquired spondylolisthesis, lumbosacral spondylosis and lumbar sprain. On 8-17-2015 the treating provider reported low back pain rated 3 out of 10 with no leg symptoms. The medications in use were Flexeril, Voltaren and Ultram. The medical record did not include any symptoms of gastric distress. Request for Authorization date was 9-1-2015. The Utilization Review on 9-10-2015 determined non-certification for Retrospective Protonix 20mg 1 tab once a day #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg 1 tab once a day #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with diagnoses include acquired spondylolisthesis, lumbosacral spondylosis and lumbar sprain. The patient recently complained of low back pain. The current request is for Protonix 20mg, quantity 60 with 2 refills. Protonix (pantoprazole) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. Protonix is used to treat erosive esophagitis and other conditions involving excess stomach acid. The treating physician states in the very limited treating report dated 11/9/15 (7B), medications dispensed on today's visit-see medication log. MTUS Guidelines do not support routine prophylactic use of proton pump inhibitors without a proper GI risk assessment or documentation of gastric side effects from the use of NSAIDs. MTUS Guidelines state "Recommendation with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient does not have a history of peptic ulcers, GI bleeding or perforations and does not have concurrent use of ASA, corticosteroids, and/or anticoagulant. Additionally, in the very limited clinical history there is no document of any GI complaints and there is nothing to indicate that the patient is at risk of any GI events. Therefore, the current request is not medically necessary.