MAXIMUS Federal Services

Case Number:	CM15-0203365		
Date Assigned:	10/20/2015	Date of Injury:	05/25/2010
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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 40 year old male, who sustained an industrial injury on 5-25-10. The injured worker was being treated for cervical spine strain, left wrist-forearm-hand pain and chronic pain syndrome. On 9-3-15, the injured worker complains of left wrist-forearm pain and left knee pain. Documentation does not include gastrointestinal complaints. Work status is unclear. Physical exam performed on 7-9-15 revealed left forearm-wrist tenderness and on 9-3-15, physical exam was noted to be unchanged. Documentation of an abdominal exam was not provided. Treatment to date has included physical therapy, home exercise program, oral medications including Topamax, Omeprazole 20mg and activity modifications. On 9-3-15 request for authorization was submitted for Protonix 20mg #30 with 2 refills. On 9-24-15 request for Protonix 20mg #30 with 2 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix (Pantoprazole) 20mg #30 X 2: 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 was injured on 09/24/15 and presents with left wrist/forearm/hand pain and left knee pain. The request is for Protonix (Pantoprazole) 20mg #30 X 2. The RFA is dated 09/03/15 and the patient's current work status is not provided. It is unclear when the patient began taking this medication. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65 2. History of peptic ulcer disease, and GI bleeding or perforation 3. Concurrent use of ASA, or corticosteroid and/or anticoagulant 4. High dose/multiple NSAIDMTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with cervical spine strain, left wrist-forearm-hand pain and chronic pain syndrome. As of 09/03/15, he is taking Topamax. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Protonix is not medically necessary.