

Case Number:	CM15-0026898		
Date Assigned:	02/18/2015	Date of Injury:	07/31/2009
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 7/31/2009. The diagnoses have included lumbar disc displacement without myelopathy, chronic pain and degeneration lumbar/lumbosacral disc. Treatment to date has included lumbar epidural steroid injection (ESI) and medication. According to the visit note dated 1/8/2015, the injured worker complained of chronic low back pain that radiated down his left lower extremity. He rated his pain as 6-7/10 on the visual analog scale (VAS). The injured worker stated that he had stiffness and achiness in his back. He reported using a Transcutaneous Electrical Nerve Stimulation (TENS) unit, medications and hot baths which helped with the pain. The injured worker denied heartburn, nausea or abdominal pain. Objective findings revealed an antalgic gait. Spasm and guarding were noted in the lumbar spine. Range of motion of the lumbar spine was decreased. Current medications included Capsaicin cream, Pantoprazole-protonix, Tramadol/APAP, Gabapentin and Imitrex. Authorization was requested for physical therapy and medications. A progress note dated 2/5/2015 documents that the injured worker had been utilizing protonix due to gastrointestinal upset secondary to the use of nonsteroidal anti-inflammatory drugs. The patient has had heart burn, gastritis and GI complication with use of oral medication. He reported using Nabumetone intermittently even after it was discontinued. He stated that he would no longer utilize Nabumetone and did not wish to utilize protonix. Protonix was to be discontinued. The patient sustained the injury when he was moving side to side and bending very low. He has had MRI of the lumbar spine that revealed lumbar spine disc herniation; disc protrusion and foraminal narrowing Per the doctor's note dated 2/25/15 patient had complaints

of low back pain radiating to right LE. Physical examination of the low back revealed tenderness on palpation, limited range of motion, decreased sensation, muscle spasm, positive SLR and normal strength. The medication list include Relafen, tramadol, gabapentin and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix 20mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Pantoprazole-protonix 20mg quantity 60 Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events . Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. A detailed recent gastrointestinal examination was not specified in the records provided The medical necessity of the request for Pantoprazole-protonix 20mg quantity 60 is not fully established in this patient.