

<b>Case Number:</b>	CM15-0211378		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/26/2001
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41 year old female, who sustained an industrial injury on 9-26-01. The injured worker is diagnosed with lumbar disc bulge-herniation with radiculopathy-neuritis without myelopathy, lumbar arthropathy, cervical disc bulge, cervical sprain and cervical radiculitis-brachial neuritis. Her work status is temporary total disability. Notes dated 6-9-15 and 9-15-15 reveals the injured worker presented with complaints of constant slight to severe low back pain that radiates down her legs bilaterally to her feet and is accompanied with numbness, tingling and weakness (left greater than right). She also reports constant slight to severe neck pain that radiates down her arms bilaterally to her hands and is accompanied with numbness and tingling (left greater than right). Physical examinations dated 7-7-15 and 9-15-15 revealed painful cervical spine range of motion and decreased sensation. Cervical right lateral flexion causes pain that radiates to the right hand. There is tenderness and spasms noted over the paracervical region. The lumbar spine examination reveals decreased and painful range of motion. Treatment to date has included medications; Protonix (6-2015), Zofran (6-2015), Percocet and Duragesic patch, wheeled walker, surgical intervention; lumbar and cervical decompression and lumbar anterior fusion and pain management evaluation. Diagnostic studies include cervical spine MRI. A request for authorization dated for Protonix 20 mg #120 (date of service 9-15-15) and Zofran 4 mg #20 is denied, per Utilization Review letter dated 10-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #120 (Retro: DOS: 9/15/15): 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 based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 178.0. UpToDate, accessed 11/20/2015.

**Decision rationale:** Protonix (pantoprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn and other symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with weakness, numbness and tingling and neck pain that went into the arms with numbness and tingling. There was no discussion suggesting the reason NSAID therapy was continued or detailing other medications that were tried but did not improve the worker's pain. There was also no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events, or describing special circumstances that sufficiently supported this request. Further, the request included a large number of pills, which would not account for changes in the worker's care needs. For these reasons, the current request for 120 tablets of Protonix (pantoprazole) 20mg for the date of service 09/15/2015 is not medically necessary.

**Zofran 4mg #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug information. Topic 9719, version 153.0. UpToDate, accessed 09/18/2015.

**Decision rationale:** Zofran (ondansetron) is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can

occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. There was no discussion suggesting the worker had symptoms or findings consistent with any of the above conditions. In the absence of such evidence, the current request for twenty tablets of Zofran (ondansetron) 4mg is not medically necessary.