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| Case Number: | CM15-0217383 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 02/27/2013 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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: Arizona, 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 57 year old female, who sustained an industrial injury on 2-27-2013. She reported injuries to the head, neck, and low back after a slip and fall. Diagnoses include post-concussion syndrome, cervico-cranial syndrome, acquired spondylolisthesis, neck sprain-strain, and headache. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, chiropractic therapy, epidural steroid injections, and median branch blocks. The records indicated chronic complaints of pain in the neck, low back, headaches and memory issues. On 8-21-15, she complained of ongoing pain, headaches, and reported stomach pain. Current medications included Gabapentin, Protonix, and Tramadol, prescribed since at least 4-3-15. Objective data regarding efficacy of Protonix was not documented. The plan of care included ongoing medication management and ongoing physical therapy and possible enrollment into a functional restoration program. The appeal requested authorization for Pantoprazole (Protonix) 20mg one to two tablets daily #60. The Utilization Review dated 10-9- 15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg 1-2 tabs daily #60: 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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was not on NSAIDS but rather opioids caused GI issues. Long-term use of Protonix is also not recommended. Therefore, the continued use of Protonix is not medically necessary.