

Case Number:	CM15-0223119		
Date Assigned:	11/19/2015	Date of Injury:	05/23/2012
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey
 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:

This is a 54 year old male who sustained a work-related injury on 5-23-12. Medical record documentation on 9-9-15 indicated the injured worker was evaluated for a gastrointestinal issue. The injured worker reported that he was provided anti-inflammatory medications, which subsequently caused acid reflex. Use of acid suppressants helped with the reflux but he was unable to afford the medications and had not taken them in 4-5 months. Use of Tums seemed to help to a lesser extent with his heartburn and acid regurgitation. He reported bouts of intense heartburn and acid regurgitation with accompanying chest pain once a month, which lasted up to one week. He had gained 30 pounds, which further exacerbated his acid reflux. His past medical history was significant for anal fissures, gastroesophageal reflux disease, obesity, depression, and panic attacks. His medications included Benazepril 40 mg, Budesonide 0.5-2 ml, Montelukast 10 mg, Symbicort 160-4.5 mcg, Spiriva, and Vytorin 10-40 mg. Objective findings included a soft, non-tender, non-distended abdomen with normoactive bowel sounds. He had no rebound tenderness, guarding or palpable hepatosplenomegaly. He was diagnosed with gastroesophageal reflux disease without esophagitis and the evaluating physician noted that it likely stemmed from the substantial weight gain over the past several years. He was prescribed Nexium 40 mg. On 9-18-15, the injured worker reported continued diffuse gastrointestinal upset with increased frequency. The evaluating physician noted the injured worker failed first line proton pump inhibitor omeprazole and pantoprazole 20 mg was recommended. On 10-13-15, the injured worker reported gastrointestinal upset with use of NSAIDS and inquired about a proton pump inhibitor. A request for Pantoprazole 20 mg #180 was received on 10-9-15. On 11-2-15, the Utilization Review physician determined Pantoprazole 20 mg #180 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #180: 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 Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, ibuprofen was used regularly with the addition of omeprazole for "GI upset." Pantoprazole replaced omeprazole due to failure of omeprazole. However, considering the criteria listed above, there was no found medical history suggestive of any factors which might describe this worker as being at an elevated risk for gastrointestinal events which might warrant long-term treatment with any PPI whether effective or not. Also, if NSAIDs are causing "GI upset" then consideration of avoiding NSAIDs would be reasonable and appropriate, especially as long-term risks associated with this medication are not fully reduced by PPI use, and with the added risks of the chronic PPI use it is even more inappropriate to continue long-term. Therefore, based on this logic, this request for Pantoprazole will be considered not medically necessary.