

Case Number:	CM15-0062461		
Date Assigned:	04/08/2015	Date of Injury:	02/25/2009
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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, Pain Management

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 44 year old female, who sustained an industrial injury on 2/25/2009. Diagnoses include neck pain, cervicobrachial syndrome, cervicocranial syndrome, sciatica, disorders sacrum, tension headache, chronic pain, long term use meds and lumbar disc displacement without myelopathy. Treatment to date has included diagnostics, medications, injections, physical therapy and home exercise. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported low grade back pain and sciatica with radiation down to her feet bilaterally, She reports that Gabapentin helps her to sleep and helps to alleviate her symptoms. Physical examination revealed normal muscle tone in upper and lower extremities. There was spasm and guarding noted in the lumbar spine. The plan of care included medications and authorization was requested for Pantoprazole 20mg #30, Sertraline HCL 50mg #30, Gabapentin 100mg #30 and Gabapentin 300mg #30. A utilization reviewed appeal letter dated April 17, 2015 states that the patient's current medication regimen causes abdominal pain and G.I. upset. Protonix is used for G.I. protection. The note also states that the patient uses naproxen and has previously tried omeprazole which was not beneficial. Protonix does improve the patient's symptoms with no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there does appear to be dyspepsia secondary to medication/NSAID use and the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). As such, the currently requested pantoprazole is medically necessary.