

Case Number:	CM15-0083251		
Date Assigned:	05/05/2015	Date of Injury:	08/20/2003
Decision Date:	06/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 58 year old female, who sustained an industrial injury, August 20, 2003. The injured worker sustained a work related injury after falling into a storage shelf, when a child went to hug the injured worker throwing the injured worker of balance. The injured worker previously received the following treatments right knee MRI, lumbar spine MRI, Protonix, Aspirin, Protonix, Lidoderm Patches, Naproxen, Trazodone, Cyclobenzaprine, Norco, Atenolol, physical therapy, aqua therapy, bracing, Synvisc injection, lumbar epidural injections and Lidoderm patches. The injured worker was diagnosed with lumbago, lumbosacral disc degeneration, chronic low back pain, pain in the joint lower leg right knee and long term medication use. According to progress note of April 21, 2015, the injured workers chief complaint was chronic low back pain and right knee pain. The low back pain was 7 out of 10, with radiation to the lower left extremity with worsening numbness and tingling. The injured worker complained of functional declining. The injured worker continued to work, however but felt the pain was aggravated throughout the day. The physical exam noted tenderness in palpation at the lumbosacral junction. The range of motion of the lumbar spine was decreased by 60% of flexion, 70% with extension and 50% with rotation bilaterally. The straight leg raises were negative bilaterally. The injured worker took Protonix for gastrointestinal prophylaxis. The treatment plan included prescription for Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60 for DOS 3/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole (Protonix) 20mg #60 date of service March 20, 2015 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are pain joint lower leg right knee; degeneration lumbar lumbosacral disc; and lumbago. Documentation from the earliest progress note in the medical record dated October 21, 2014 shows the injured worker is taking Anaprox DS one PO BID and pantoprazole 20mg one daily. The worker's medications include aspirin 81 mg, trazodone, cyclobenzaprine, Norco, atenolol, Cozaar, hydrochlorothiazide 25 mg, and Tolazamide. Date of injury is August 20, 2003. The specific start date for Pantoprazole 20mg is not documented in the medical record. The earliest progress note contains an entry for Pantoprazole 20 mg on October 21, 2014. Utilization review physician initiated a peer-to-peer conference call (on April 28, 2015) with the treating provider. Utilization review physician conferenced with a physician assistant. The UR physician stated chronic use of nonsteroidal anti-inflammatories and proton pump inhibitors is not supported. The PA agreed with the determination. In a subsequent utilization review, the utilization review physician recommended weaning Anaprox. There was no clear-cut rationale in the medical record for the long-term use of nonsteroidal anti-inflammatory drugs and the continued chronic use of aspirin 81 mg. Pantoprazole was prescribed for purposes of prophylaxis only. There were no G.I. complaints of peptic ulcer disease for G.I. bleeding. There was no objective functional improvement with ongoing Anaprox DS. Additionally, there were subsequent recommendations for Anaprox weaning. Consequently, absent clinical documentation with a clear-cut rationale for the long-term use of nonsteroidal anti-inflammatory drugs and chronic use of aspirin while prescribing Pantoprazole for prophylaxis only and no risk factors for G.I. events and weaning recommendations for Anaprox DS, Pantoprazole (Protonix) 20mg #60 date of service March 20, 2015 is not medically necessary.