

Case Number:	CM14-0142810		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2012
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a 38-year-old woman injured on 6/4/12. The mechanism of injury is not mentioned. She has received treatment for her knees and her back. She has had diagnostic testing for all body parts. There has been previous physical therapy. She takes multiple medications including Norflex, Protonix, tramadol, Anaprox and Norco. This review addresses prescription of Protonix/pantoprazole requested in a report from 7/14/14. This IMR request was based on a utilization review determination letter from 8/26/14. A 10/22/13 Orthopedic Agreed Medical Examination (AME) stated that the patient was taking unspecified medications. An AME report from 12/10/13 that included a citation of review of records cited a 5/6/13 Orthopedic Evaluation from the current prescribing orthopedist that included the medications provided which were Anaprox, Protonix and tramadol. Doses were not mentioned. A 1/20/14 orthopedic report did not mention provision of the pantoprazole (generic for Protonix) at that visit. There was a 5/28/14 report from the treating orthopedist which indicated that the patient was having increasing left more than right knee pain and ongoing significant low back pain. Orthovisc injections for the left knee were requested. The patient was given Norflex 100 mg #60, Protonix 20 mg #90, tramadol ER 150 mg #30, Anaprox 550 mg #90, and Norco 10/325 mg #60. An orthopedic report from 7/14/14, which appears to be the requesting report, indicated that the patient was having low back pain with lower extremity symptoms "hydrocodone, tramadol subjective". Objective findings include tenderness in the left knee, crepitance with range of motion, reduced lumbar range of motion and spasm in the lumbar musculature. Diagnosis was posttraumatic chondromalacia patella, left greater than right knee; lumbar protrusion 4 mm at L4-5 and L5-S1; treatment was requested in the form of viscosupplementation for the left knee because it was worsening. The report states patient was dispensed tramadol ER 150 mg #60, 2 orally per day; hydrocodone 10/325 mg #61 to 2-3 times a

day; naproxen sodium 550 mg #91 3 times a day and the pantoprazole 20 mg #90, one 3 times a day. The report states that this dose of pantoprazole is being used because omeprazole did not work and that the patient had G.I. upset with NSAID onboard even with this at twice a day dosing but there was no upset with PPI at TID dosing. The report justifies continuing the NSAID at that elevated dosing level of 550 mg TID stating that it does result in three-point average additional decrease in pain. Also provided was a utilization review determination from 8/22/14 that addressed all of the patient's medications including the Anaprox and pantoprazole and neither one were determined to be medically necessary in that review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, NSAIDs, G.I. symptoms and cardiovascular risk, Page(s): 68-69, 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) proton pump inhibitors Other Medical Treatment Guideline or Medical Evidence: FDA prescribing information at http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020987s0451bl.pdf

Decision rationale: Pantoprazole which is also known under the brand name of Protonix is in the class of medications known as proton pump inhibitors. MTUS guidelines address proton pump inhibitors, and recommend use of proton pump inhibitors such as omeprazole or misoprostol for gastrointestinal prophylaxis for patients who are at increased risk for developing gastrointestinal side effects to nonsteroidal anti-inflammatory medications. Guidelines do not specifically address pantoprazole. Note is made that this patient did meet MTUS guidelines criteria for being at increased risk for gastrointestinal side effects because one of those is high dose NSAIDS and this patient was taking the maximum dose of Anaprox , brand name for naproxen 550 mg 3 times a day and has been doing so for at least 60 days, and possibly for over a year, not for the "limited period" that is recommended by the MTUS. ODG notes that this class of medication should be used in the lowest possible dose for the shortest possible time because they are not innocuous. FDA prescribing information notes that prolonged use with this class of medications and multiple daily dose of therapy is associated with increased risk for osteoporosis process related fractures, hypomagnesemia and atrophic gastritis. Since the Anaprox was not considered to be medically necessary there is no need to continue with the pantoprazole for prophylaxis against gastrointestinal side effects. There was also no indication that the patient had any active upper gastrointestinal illness such as GERD or gastritis that require treatment with pantoprazole. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.