

Case Number:	CM14-0155765		
Date Assigned:	09/25/2014	Date of Injury:	04/11/2012
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 records made available for review, this is a 44-year-old female with a 4/11/12 date of injury. At the time (6/19/14) of request for authorization for Pantoprazole Protonix 20mg, #60, there is documentation of subjective (chronic neck pain, right shoulder pain, mid-back pain, and stomach pain) and objective (muscle tension and spasms in the thoracic region, muscle tension extending up into the left upper trapezius, tenderness to palpation along the mid thoracic spine; right shoulder pain with arc about 70 degrees; pain with cervical range of motion, and tenderness over the cervical paraspinal musculature) findings, current diagnoses (neck pain, cervicobrachial syndrome, pain in shoulder joint, and pain in thoracic spine), and treatment to date (ongoing NSAID therapy and Protonix with relief of stomach pain). 8/20/14 medical report identifies that the patient has a history of gastric side effects with use of medications such as NSAIDs. There is no documentation that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Protonix 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID). Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as omeprazole or lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of neck pain, cervicobrachial syndrome, pain in shoulder joint, and pain in thoracic spine. In addition, given documentation of documentation of gastric pain associated with chronic NSAID use, there is documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. However, there is no documentation that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole). Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole Protonix 20mg, #60 is not medically necessary.