

Case Number:	CM14-0163885		
Date Assigned:	10/08/2014	Date of Injury:	04/16/2008
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 59-year-old male with a date of injury of 4/16/2008. A review of the medical records indicates that the patient is undergoing treatment for right shoulder impingement syndrome; lumbar disc fusions; bilateral carpal tunnel. Subjective complaints include continuing pain in his shoulders and lower back with some radiation to his legs. Objective findings include decreased range of motion of the lumbar spine with bilateral straight leg raise and pain upon palpation of the paraspinals; MRI shows stenosis and root impingement from L3-S1. Treatment has included Naproxyn and medial branch block of the lumbar spine. The utilization review dated 9/25/2014 non-certified Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium 20mg 1-2 by mouth every morning #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 78.

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), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Regarding Pantoprazole, which is a proton pump inhibitor (PPI), the MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The guidelines continue, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: either (1) a non-selective NSAID with either a PPI (for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The ODG states, "If a PPI is used, Omeprazole OTC tablets or Lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including Esomeprazole (Nexium), Lansoprazole (Prevacid), Omeprazole (Prilosec), Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex). ... A trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The patient does not meet the age recommendations for increased GI risk. The medical documents provided do not establish the patient having experienced GI discomfort, nor do they indicate the patient's having a history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA (aspirin), corticosteroids, and/or an anticoagulant, or on high dose/multiple NSAIDs (non-steroidal anti-inflammatory drugs). Additionally, per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of Omeprazole and/or Lansoprazole. As such, the request for Pantoprazole 20mg is not medically necessary.