

Case Number:	CM14-0178015		
Date Assigned:	10/31/2014	Date of Injury:	05/01/2012
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 34 year old female employee with date of injury of 5/1/2012. A review of the medical records indicate that the patient is undergoing treatment for lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, depression. Subjective complaints include low back pain (rating at 8/10); intermittent numbness and tingling of the right post lower extremity and intermittent pain in the right anterior thigh. Patient also complains of constant moderate dull, achy, sharp low back pain radiating to right leg with numbness and weakness, aggravated by lifting, prolonged standing, and prolonged walking and bending. Patient suffers from depression. There are psychological complaints due to pain and emotional distress. Objective findings include mild spasms in the thoracic and lumbar regions. Tenderness is greater on the right than the left in the sacrospinal MS and SI joints (T12-L1, R; L4 L not restricted). Straight leg raise is positive bilaterally. An MRI of the lumbar spine dated (6/14) reveals multiple disc herniations at L5-S1. Treatment has included physical therapy, chiropractic therapy and a TENS unit. Medications have included Naproxen, Protonix, Cyclobenzaprine, Tramadol, Flurbiprofen 20% Tramadol 20% in Mediderm base and Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% in Mediderm base. Omeprazole, Hydrocodone. The utilization review dated 10/15/2014 partially certified the request for Pantoprazole 20mg #60 modified to Pantoprazole 20mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: 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 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: Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age greater than 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 plus low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." 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). (Shi, 2008) 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. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. 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 #60 is not medically necessary.