

Case Number:	CM14-0183318		
Date Assigned:	11/10/2014	Date of Injury:	08/30/2010
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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:

The injured worker is a 61-year-old woman with a date of injury of 08/30/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/30/2014, 07/28/2014, 09/08/2014, and 10/20/2014 indicated the worker was experiencing neck pain that went into the right arm, lower back pain that went into the left leg, muscle spasms, and leg weakness and numbness. Documented examinations consistently described a painful walk, weakness and numbness along the paths of the C5 and C7 spinal nerves on both sides and the right L5 and S1 spinal nerves, tenderness and muscle spasms in the upper and lower back, positive testing involving raising a straightened right leg, positive Spurling's signs on both sides, and decreased motion in the joints of the upper and lower back. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar sprain and strain, lumbar spondylosis, multilevel degenerative disk disease, degenerative spondylosis of L4, and cervical spondylosis of C4-7 with bulging disks. Treatment recommendations included oral pain medications, urinary drug testing, and continuation with a home exercise program. A Utilization Review was rendered on 10/28/2014 recommending non-certification for sixty tablets of Protonix (pantoprazole) 20mg. Urinary drug testing reports dated 06/30/2014 and 09/08/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Feldman M, et al. NSAIDs (including aspirin): Treatment of gastroduodenal toxicity. Topic 14, version 5.0. UpToDate, accessed 12/01/2014.

Decision rationale: Protonix (pantoprazole) is a medication in the proton pump inhibitor (PPI) class. The MTUS Guidelines support the use of omeprazole 20mg, another PPI, when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed records did not indicate the worker was taking a NSAID, and there was no indication this was being considered for the near future. There was no discussion of symptoms or detailed findings suggesting the worker had an ulcer or any other condition that would support the use of this medication. In the absence of such evidence, the current request for sixty tablets of Protonix (pantoprazole) 20mg is not medically necessary.