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| Case Number: | CM14-0090667 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/04/2012 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 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:

The injured worker is a 41 year old male who was injured April 04, 2012 and June 2012. His injuries pertained to his back. The injured worker was seen by the primary treating provider on July 01, 2014 and noted to have low back pain and left knee pain. It is noted that chronic pain impaired the injured workers sleep. The injured worker also reported stress related to his financial situation but no suicidal ideation. On review of systems, the provider has documented there to be no heartburn, nausea or abdominal pain, throwing up blood or black tarry stools. Nor is there any past medical history of these symptoms noted. No abdominal examination was documented. On medication review, the injured worker was noted to be on Naprosyn 550 mg twice a day by mouth. He was also on Protonix 40 mg orally, daily without a clear indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg, #60 dispensed on 2/14/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, PPI (Proton Pump Inhibitor) therapy along with Non-Steroid Anti-Inflammatory Drugs (NSAIDs) is necessary when a patient has intermediate or high risk of having a gastrointestinal (GI) event (ulcer and bleeding), such as older age (>65), previous GI bleeding or ulcer history, concurrent steroids or other NSAID including even low dose aspirin. The prescription of aspirin in addition to another NSAID is recommended in circumstances when an individual is at high risk of cardiovascular disease, such as older age, family history of premature coronary disease, tobacco use, diabetes particularly insulin dependent, hypertension and hyperlipidemia. However, none of these conditions apply to the patient. Therefore, he does not need ongoing PPI therapy for gastric protection in the context of use of NSAID for pain control. Further, there is no description in the medical record of a history of reflux symptoms, heart burn, gastric or duodenal ulcer or dyspepsia that potentially could be indications for therapy with PPI. Therefore, the request for Pantoprazole (Protonix) 20mg, #60 dispensed on 2/14/2014 is not medically necessary and appropriate.