

Case Number:	CM15-0009306		
Date Assigned:	01/20/2015	Date of Injury:	11/21/2005
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 54 year old man sustained an industrial injury on 11/21/2005 due to a trip and fall incident. Current diagnoses include sprain of neck and lumbar region, and contusion of elbow. Treatment has included oral medications. Minimal physician notes are found on a PR-2 dated 11/17/2014. It shows continued complaints of intermittent low back pain with activity, normal gait and arm swing, no assistive devices, and neurologically intact. The treatment plan includes activity as tolerated and "contact pharm to request refill". The worker is noted to be permanent and stationary. No further information is included. On 12/22/2014, Utilization Review evaluated a prescription for Protonix 20mg #30, that was submitted on 1/5/2015. The Utilization Review physician noted there is no evidence that the worker has gastrointestinal symptoms when using NSAIDs, no gastrointestinal bleed, or peptic ulcer. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Central acting analgesi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601246.html>

Decision rationale: As noted in MedLine Plus, Pantoprazole is used to treat gastroesophageal reflux disease (GERD),. It is also used to treat conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome. Pantoprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach. In this case, there is no evidence of gastrointestinal problems to support this medication. There is also no indication that the injured worker is being prescribed non-steroidal anti-inflammatory medications which may cause gastrointestinal complaints. Furthermore, per the MTUS guidelines, long-term proton pump inhibitor use (greater than 1 year) has been shown to increase the risk of hip fracture. The request for Protonix 20mg quantity 30 is not medically necessary.