

Case Number:	CM15-0009987		
Date Assigned:	01/27/2015	Date of Injury:	12/17/2012
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 62 year old female sustained an industrial injury on 12/17/12, with subsequent ongoing low back pain. Treatment included physical therapy and medications. Current diagnosis was thoraco or lumbosacral radiculitis or neuritis, unspecified. In a PR-2 dated 11/19/14, the injured worker complained of frequent to constant severe pain to the lumbar spine, 9/10 on the visual analog scale, with spasms, numbness and tingling radiating to bilateral lower extremities. Physical exam was remarkable for tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles, spasms of the bilateral gluteus and lumbar paravertebral muscles, decreased range of motion to the lumbar spine and positive straight leg raise bilaterally. The treatment plan included continuing medications Tramadol, Gabapentin, Zolpidem, Protonix and medicated topical creams. On 12/19/14, Utilization Review noncertified a request for retrospective Protonix 20mg, quantity: 60 (date of service: 11/19/2014) citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg, quantity: 60 (date of service: 11/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): page(s) 68-69. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 150.0. UpToDate, accessed 03/09/2015.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) 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, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole 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 documentation indicated the worker was experiencing lower back pain and stiffness. There was no discussion describing symptoms or findings consistent with any of the above conditions or suggesting special circumstances that sufficiently supported this request. Further, treatment recommendations continued to include NSAID therapy. For these reasons, the current request for sixty tablets of pantoprazole 20mg for the date of service 11/19/2014 is not medically necessary.