

Case Number:	CM15-0112232		
Date Assigned:	06/18/2015	Date of Injury:	02/18/2010
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker (IW) is a 59 year old male who sustained an industrial injury on 02/18/2010. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having lumbar sprain, lumbosacral neuritis, lumbago, and brachial neuritis, chronic pain due to trauma, muscle spasm, lumbosacral spondylosis, spinal stenosis lumbar, and sciatica. Treatment to date has included medication management. Currently, the injured worker complains of continued low back pain with radiation of pain, numbness and tingling into both lower extremities, greater on the right side than the left. Objective findings are an antalgic gait, no swelling, normal muscle tone in all extremities, and complaint of pain. Current medications include Gabapentin, Diclofenac Sodium 1.5% cream, pantoprazole, and cyclobenzaprine. The treatment plan of care is continuation of above medications. A retrospective request for authorization was made for the following: Pantoprazole -Protonix 20mg, SIG, take one twice daily stomach QTY: 60, Lumbar Spine (DOS: 05/12/2015 and 02/17/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Pantoprazole - Protonix 20mg, SIG, take one twice daily stomach/estomago QTY: 60, Lumbar Spine (DOS: 05/12/2015 and 02/17/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 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 + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the prescription of Protonix 20mg # 60 is not medically necessary.