

Case Number:	CM15-0112577		
Date Assigned:	06/23/2015	Date of Injury:	02/24/2005
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 48 year old male, who sustained an industrial injury on 2/24/05. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included medications. Diagnostics included MRI lumbar spine without contrast (8/12/11). Currently, the PR-2 notes dated 4/22/15 indicated the injured worker came to this office as a follow-up visit. The chief complaints on this date are of the low back pain lumbosacral pain and buttock pain and left leg pain mostly around the knee and lateral shin region. He has intermittent numbness and tingling in his left leg. His pain is made worse with bending and lifting and better with rest and applying heat. Notably, the provider documents, the injured worker ran out of medication because he is past his 4 week follow-up. He is not using any narcotics pain medications however, he is not currently working. He is interested in epidural steroid injection which was discussed in this office a month ago. He understands his chiropractic therapy has been denied which was beneficial in the past. His current medications are listed as: Ketamine 5% cream 60gr; Naproxen Sodium-Anaprox 550mg; Gabapentin tabs 600mg and Pantoprazole-Protonix 20mg. A physical examination is documented and the provider summary indicates motor function is normal however; he has significant pain and does not think he is having more breakaway weakness from his pain. He notes "it is probably some chemical irritation." He feels the injured worker may benefit from epidural steroid injections because he has a decreased sensation in the dermatomal distribution at the L3 and L5 on the left leg. He is requesting authorization of Pantoprazole-Protonix 20mg #60 at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole (Protonix) 20mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; degeneration lumbar/lumbosacral disc; and sciatica. The documentation shows the injured worker is taking naproxen sodium 550 mg. The injured worker ran out of medications according to April 22, 2015 progress note. The injured worker subjective complaints include low back pain, buttock pain and left leg pain. Review of systems and other clinical entries do not contain evidence of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Additionally, pantoprazole is indicated once daily. The documentation indicates pantoprazole was prescribed b.i.d. (with a renewal #60 count). Also, pantoprazole is a second line PPI. There is no documentation of first-line PPI treatment and failure. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Pantoprazole (Protonix) 20mg #60 is not medically necessary.