

<b>Case Number:</b>	CM15-0129971		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 47 year old male, who sustained an industrial injury on 3/10/2015. He reported falling at work and landing on his right side, resulting in injury of the right shoulder, neck, and low back. The injured worker was diagnosed as having cervical and lumbar strain, right shoulder sprain. Treatment to date has included medications, physical therapy, magnetic resonance imaging of the lumbar spine and cervical spine (5/20/2015), x-rays, and urine drug screening. The request is for Protonix (Pantoprazole). On 4/6/2015, he complained of neck pain with radiation into the right upper extremity, low back pain with radiation into the bilateral lower extremities. Physical findings revealed: numbness and weakness on the right at C6 with a positive Spurlings and positive bilateral straight leg raise test. The treatment plan included: physical therapy, urine drug screening. He is not working. On 4/29/2015, he complained of right shoulder pain rated 6/10 at rest, and 7/10 with activity. He indicated the pain decreases with rest, ice, and heat. He reported numbness of the arm and insomnia. He is reported to be a right hand dominant man. The right shoulder showed evidence of atrophy on visual examination, and tenderness is noted. Testing revealed a positive apprehension test for instability. The treatment plan included: magnetic resonance imaging of the right shoulder. On 6/3/2015, he complained of persistent neck, low back and right arm pain. He indicated his medications have been helpful in controlling his pain and spasms. He has been going to physical therapy which he felt was helpful. He is not working. The treatment plan included: physical therapy, and refilling: Naproxen, Cyclobenzaprine, and Pantoprazole. There are several records dated after the UR report date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix (pantoprazole) 20mg #60 for DOS 5/6/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), PPIs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. In this case, the records indicate he is taking Naproxen, which is an NSAID. However, there is no indication of risk for gastrointestinal events. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.