

Case Number:	CM15-0176317		
Date Assigned:	09/15/2015	Date of Injury:	12/10/2009
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina
 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 injured worker is a 40 year old male who reported an industrial injury on 12-10-2009. His diagnoses, and or impression, were noted to include: lumbar-lumbosacral disc degeneration; pain in ankle foot joint; and sprains-strains of neck and thoracic spine; and depression. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include: surgeries and physical therapy; psychiatric evaluation and treatment; and medication management. The progress notes of 8-5-2015 reported: continued neck, upper and lower back, left elbow and left foot pain; that he underwent an open rotation internal fixation (ORIF) surgery on 1-24-2009 - with minimal benefit, and then underwent hardware removal on 7-31-2013 followed by 16 physical therapy sessions, but remained symptomatic; the possibility of osteopenia secondary to decreased use of the ankle; increased left ankle and Achilles tendon pain that radiated into the lateral aspect of his left foot . Objective findings were noted to include: no acute distress; an antalgic gait; tenderness in the left heel; decreased strength in the left lower extremity; tenderness of the Achilles tendon and fibula-calcaneal ligaments on the left ankle; and significant pain with the bearing of weight on the left ankle. The physician's requests for treatments were noted to include: the continuation of medications because they provided ongoing pain relief as well as functional improvement; also noted was the addition of Wellbutrin to augment Prozac, for depression. The Request for Authorization (RFA) for Fluoxetine (Prozac) and Pantoprazole (Protonix) was not noted in the medical records provided. The Utilization Review of 8-14-2015 modified the request for 60 tablets of Fluoxetine (Prozac) 20 mg to 30 tablets; and non-certified 60 tablets of Pantoprazole (Protonix) 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60 (Protonix): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.), patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.