

<b>Case Number:</b>	CM15-0178491		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 38 year old female who sustained an industrial injury on 11-05-2012. Medical records indicated the worker was treated for neck pain, pain in the shoulder joint, cervicocranial syndrome, tension headache, degeneration of cervical disc, and long term use of medications. In the provider notes of 08-20-2015, the worker is seen in follow up of her shoulder and neck pain. The shoulder pain had increased since last visit due to repetitive use doing a household chore. The worker has history of shoulder surgery (date not given) and post-operative physical therapy. She currently is doing home exercise. Steroid injections for the shoulder and possible epidural steroid injections for the cervical spine were discussed and the worker deferred the injections She also declined to go through the initial evaluation for a functional restoration program. On exam, she had a painful arc about 90 degrees with forward flexion and abduction and tenderness over the right anterior joint of the shoulder and trapezius on the right. Medications include Baclofen (since at least 03-25-2015), Protonix (since at least 01-05-2015), and Capsaicin (since at least 01-05-2015). The treatment plan is for refills of her current medications. She was given work restrictions. A request for authorization was submitted for Pantoprazole - Protonix 20mg #60 (08/24/15) and Baclofen 10mg #60 with 1 refill. A utilization review decision 08-31-2015 non-certified the Pantoprazole-Protonix, approval of Baclofen 10 mg #60 Refill 1/weaning dose was given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole - Protonix 20mg #60 (08/24/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "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)." In addition, "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 ug 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)." ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. 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). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" The patient does not meet the age recommendations for increased GI risk. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Pantoprazole-Protonix 20mg #60 (08/24/15) is not medically necessary.