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| Case Number: | CM15-0039575 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 10/21/2003 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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

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 71 year old female sustained an industrial injury to the low back and right knee on 10/21/03. In a progress report dated 1/15/15, the injured worker complained of pain 6/10 on the visual analog scale to the low back and right knee without medications and 4/10 with medications. The injured worker also reported ongoing difficulties with activities of daily living, dropping objects frequently, loss of right knee range of motion, numbness, tingling and weakness to all limbs. Physical exam was remarkable for soft abdomen without tenderness, rebound or guarding, lumbar spine with restricted range of motion, moderate spasm and tenderness to palpation along the bilateral lumbar spine and right knee with restricted range of motion, positive effusion, positive Apply's compression test and positive McMurray's test. Current diagnoses included lumbar spine post laminectomy syndrome, radiculopathy, lumbar spine spondylolisthesis, right total knee replacement, lumbar discogenic pain and lumbar degenerative disc disease. The treatment plan included continuing medications (Vicoprofen, Gabapentin, Pamelor and Protonix). The physician noted that Protonix was used for an anti-acid effect to treat gastrointestinal irritation and reflux. The injured worker reported significant gastrointestinal pain relief and less heartburn with Protonix. The medical records indicate that Protonix has been prescribed since at least September 2014. Utilization Review dated 2/10/15 non-certified the request for Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 See NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: Per the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). According to the Official Disability Guidelines, proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. ODG notes that Protonix is a second line proton pump inhibitor and a trial of omeprazole or lansoprazole is recommended before prescribing second line proton pump inhibitor such as Protonix. In this case, the medical records indicate that Protonix has been prescribed since at least September 2014, and there is no evidence that first line proton pump inhibitor such as omeprazole or lansoprazole has been trialed. It should also be noted that per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Pantoprazole 20mg, #60 is therefore not medically necessary.