

Case Number:	CM15-0067274		
Date Assigned:	05/14/2015	Date of Injury:	09/01/2007
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old male with an industrial injury dated 09/01/2007. His diagnoses included internal derangement of the knee on the right status post-surgical intervention in 2009, discogenic lumbar condition with multi-level disc disease from lumbar 2-sacral 1 and wrist joint inflammation bilaterally. Prior treatment included chiropractic, physiotherapy, work conditioning, acupuncture, right knee surgery, cortisone and Hyalgan injections to right knee, wrist brace and TENS. He presents on 03/16/2015 with complaints of shooting pain down the left lower extremity with numbness and tingling. He also complains of numbness and tingling along the left hand. Nerve studies of the upper extremities in 2011 were unremarkable. MRI of the lumbar spine in April 2013 showed degenerative disease from lumbar 3-5. Objective findings noted weakness to rigid extension and flexion of right knee. He had full knee extension with tenderness along the joint line. Lumbar spine flexion was 40 degrees, extension 15 degrees with tenderness along the paraspinal musculature. Treatment plan included urine drug screen, pain medications, anti-inflammatory medication, medication for sleep and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

10-Panel Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening." There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The medical documentation provided indicates this patient had a urine drug screen in 01/2015. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for 10-Panel Urine Drug Screen is not medically necessary.

Protonix (Pantoprazole) 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 (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)." And "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 g 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. The medical documents do not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of first line treatments. As such, the request for Protonix (Pantoprazole) 20mg, #60 is not medically necessary.