

Case Number:	CM15-0078394		
Date Assigned:	04/29/2015	Date of Injury:	08/23/2007
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 8/23/07. The injured worker has complaints of neck pain. The diagnoses have included cervical radiculopathy/radiculitis; cervical degenerative disc disease; cervicgia and abnormal posture with mild protraction of the neck. Treatment to date has included epidural steroid injection (at the bilateral C5-C6 and bilateral C6-C7 levels) and medication (Anaprox as needed for anti-inflammatory; Neurontin for neuropathic pain; Norco for pain and pantoprazole for gastrointestinal irritation/reflux). The documentation noted that the injured worker complained that Norco had side effects of heartburn (gastrointestinal irritation). The request was for pantoprazole sodium delayed release 20mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sod DR 20mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address use of medications to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient is on chronic opioid therapy it is reasonable to assume her dyspepsia is caused by her medications. It follows that use of pantoprazole in this patient is an appropriate option for treating this symptom. The request is medically necessary.