

<b>Case Number:</b>	CM13-0033863		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male who reported an injury on 04/06/2013 due to cumulative trauma while performing normal job duties. The patient underwent electrodiagnostic studies that revealed there was no evidence of lumbar radiculopathy. The patient also underwent an abdominal ultrasound that revealed a right inguinal hernia. The patient's most recent clinical examination findings included lumbosacral pain rated at an 8/10 and hernia pain rated at 10/10. Objective findings included decreased range of motion secondary to pain of the lumbosacral spine and tenderness to palpation of the lumbar paravertebral musculature. The patient also had tenderness to palpation to the right scrotal area with non-reducible bulging. Previous treatments included acupuncture. It was also noted that the patient was not taking any medications. The patient's diagnoses included lumbosacral myofascial and radiculopathy and a right inguinal hernia. The patient's treatment plan included continuation of acupuncture and chiropractic care and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (Protonix) 20 mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** The requested Pantoprazole 20 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is in significant pain that would benefit from medication. However, California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for developing gastrointestinal events related to medication usage. The most recent clinical evaluation does not provide any indication of gastrointestinal symptoms that would benefit from medication management. Additionally, Official Disability Guidelines recommend Protonix after the patient has failed to respond to first line gastrointestinal protectants. The clinical documentation submitted for review does not provide any evidence that the patient has failed a trial of first line gastrointestinal protectants. As such, the requested pantoprazole (Protonix) 20 mg is not medically necessary or appropriate.

**Hydrocodone (Vicodin) 5/500 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy.

**Decision rationale:** California Medical Treatment Utilization Schedule states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints that would benefit from medication management. However, the clinical documentation does indicate that the patient is not currently taking any medications. Therefore, there is no indication that the patient has failed to respond to non-opioid analgesics. As opioids are not considered a first line treatment for the management of a patient's acute or chronic pain and there is no history of medication usage, the use of hydrocodone would not be indicated. As such, the requested hydrocodone (Vicodin) 5/500 mg take 1 by mouth twice daily #60 is not medically necessary or appropriate.