

<b>Case Number:</b>	CM13-0045418		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in 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 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/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 injured worker is a 54 year old male injured on 06/05/09 as a result of a 12 foot fall resulting in right tibial fracture requiring open reduction internal fixation with eventual removal of hardware. Other diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, enthesopathy of hip region, status post right knee arthroscopy, post-traumatic knee arthritis, status post total knee arthroplasty, left index partial amputation, degenerative disc disease of the lumbar spine, right greater trochanteric bursitis, status post left thumb fracture, status post right hip arthroscopic decompression/labral resection. The clinical note dated 09/27/13 indicated the injured worker complained of low back pain extending into the bilateral lower extremities, ongoing severe pain in the right hip, right knee pain significantly improved following surgical intervention, and complaints of nausea. Current medications include Norco 10/325mg. Treatment plan includes initiation of Zofran and Protonix for complaints of nausea and dyspepsia related to medication use. The initial request for 60 Protonix 20mg every 20 hours was initially non-certified on 10/28/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 PROTONIX 20MG EVERY 12 HOURS (RETROSPECTIVE):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory medications (NSAID) (e.g., NSAID + low-dose ASA). Clinical documentation indicates the injured worker complained of nausea and dyspepsia as a result of Norco use. An initial prescription for this medication is appropriate to treat these symptoms. As such, the request for 60 Protonix 20mg every 12 hours is recommended as medically necessary.