

<b>Case Number:</b>	CM13-0055062		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 59 year old male who injured himself while lifting various heavy truck parts and noted the onset of pain in his neck and back on 10/09/2012. Treatment history included: chiropractic treatment, epidural steroid injection and the following medications: Norco, Vicodin, Ultram ER, Neurontin, Medrox ointment, Terocin lotion, Antivan, Prozac, Feldene, Voltaren XR, Daypro, Anaprox, Zanaflex, Flexeril, Prilosec and Protonix. Diagnosis was chronic discogenic back pain with left sciatica; annular disc protrusion L4-5 with left lateral recess stenosis and root compromise, L4-5 and L5-s1 by MRI scan. Clinic note dated 09/24/2013 by [REDACTED] documented that patient general appearance did not seem to be in acute distress while sitting on examination table. There was decreased range of motion of the lumbar spine secondary to pain and positive lumbar tenderness and paraspinal muscle spasming. Sensation was intact over all dermatomes of the lower extremities. Reflexes were 2+ in the knees, 1+ in the ankles, bilaterally symmetric. Babinski sign was absent. No evidence of clonus. The request is for Protonix 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drugs Page(s): 67- 68.

**Decision rationale:** Per CA MTUS guidelines, Protonix is a proton pump inhibitor used to treatment patients at intermediate risk for gastrointestinal events and no cardiovascular disease." Risk of GI events described by the guidelines as, "(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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." This patient was prescribed an NSAID. Protonix was added as routine prophylaxis. However, the patient is not at intermediate or high-risk of for gastrointestinal events according the available records. Further, no GI side effects due to NSAID use are reported. Medical necessity has not been established. Therefore, the request for Protonix 20mg #60 is non-certified.