

<b>Case Number:</b>	CM13-0056153		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, has a subspecialty in Pain 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 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 48 year old female injured on 09/12/12 when she fell back landing on her tailbone resulting in low back pain. Current diagnoses included left L5-S1 disc herniation with neurological compression and status post decompression on 07/25/13. Clinical note dated 12/05/13 indicated the injured worker reported weird pain in the left buttock with sensation of someone pushing into it. The injured worker had completed total of nine physical therapy sessions. The injured worker reported the pain was isolated in the low back without radiation. The injured worker also had chiropractic therapy without relief. The injured worker reported topical analgesics had been the most helpful in pain management in addition to STEM unit. The injured worker had been able to ride her horse for up to two hours. Objective findings included normal reflex, sensory, power testing to bilateral upper extremities and lower extremities; straight leg raise and bowstring were negative, normal gait, positive heel and toe walk, severe lumbar tenderness, pain with head compression, trunk rotation, and light touch. Current medications included naproxen, Protonix, and Menthoderm. The initial request for Protonix 20mg #60 was initially non-recommended on 11/08/13.

### 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:** 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 (ODG)- 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, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use ( 1 year) has been shown to increase the risk of hip fracture. As such, the request for Protonix 20MG #60 cannot be established therefore the request is not medically necessary.