

<b>Case Number:</b>	CM14-0006008		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/22/2002
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Family Practice, has a subspecialty in Preventive 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:

Male claimant sustained a work injury on 7/22/02 involving the low back, knees and elbows. He had numerous lumbar related diagnoses and underwent lumbar spinal fusion, laminectomy, foraminotomy, disc resection of L3-L4, corpectomy at L3-L4 debridement of a lumbar wound. He also had bilateral knee arthroplasties, epicondylitis and osteoarthritis. He had a chronic history of diverticulosis and dyspepsia. Since at least December 2012, the claimant was given a prescription for Protonix 20 mg daily for a diagnosis of GERD and dyspepsia. His pain had been managed with opioids and muscle relaxants. Most recently, on 1/6/14, the claimant's subjective and objective exam did not include and gastrointestinal issues, but Protonix was continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS (PPIs).

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

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the claimant had not been on NSAIDS. The documentation does not state that the symptoms of dyspepsia are related to the work injury. Therefore, the continued use of Prilosec is not medically necessary.