

<b>Case Number:</b>	CM14-0100991		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 patient is a 47-year-old male who reported an industrial injury to the back on 6/17/2011, over three (3) years ago, attributed to the performance of his usual and customary job duties. The patient complained of ongoing low back pain. The patient reported abdominal pain as a side effect to the prescribed medications. The medications included Cyclobenzaprine, Hydrocodone-APAP, Pantoprazole, Methoderm gel; and Naproxen. The objective findings on examination included restricted range of motion to the lumbar spine; positive SLR bilaterally; 5/5 strength; decreased sensation over the L4, L5, and S1 dermatomes on the right. The patient was diagnosed with thoracic/lumbosacral neuritis/radiculitis; arthropathy of the shoulder; shoulder pain and lumbago. The patient was TDD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG #30 PRESCRIBED 5-14-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication; NSAIDs Page(s): 67-68; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Protonix 20 mg #30 routinely for prophylaxis for the prescribed pain management medications including Naproxen. There is no objective evidence that the patient has abdominal pain due to NSAIDs. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole or Protonix. The patient is documented to be taking Ketoprofen; however, there is no documented GI issue. There is no industrial indication for the use of Protonix due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Protonix is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Protonix automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Protonix without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Protonix was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Protonix 20 mg #30.