

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0018058 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 06/23/1997 |
| <b>Decision Date:</b> | 06/02/2014   | <b>UR Denial Date:</b>       | 01/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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 Physical Medicine & 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 40 year old female with an injury reported on 06/23/1997. According to the physician's progress report dated 01/03/2014, the injured worker complained of dyspepsia with use of current medications. The injured worker was also noted with persistent low back pain with lumbar range of motion to 20 degrees flexion and to 5 degrees extension. Per the clinical note dated 07/06/2012, the injured workers medication regimen included Norco 10/325mg QID and soma 350mg QID, which remained unchanged in the 01/03/2014 note. The injured worker's diagnoses included failed back surgery with fusion at L5-S1 and myofascial pain. The request for authorization was submitted on 02/10/2014. The request is for protonix 20mg # 60 by mouth, twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG #60 1 PO BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014 Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 68.

**Decision rationale:** The injured worker complained of dyspepsia which is recorded as secondary to current medication. The injured worker was prescribed Norco and Soma per the 07/06/2012 clinical note. The MTUS Chronic Pain Guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patient at high risk for gastrointestinal events with no cardiovascular disease. The MTUS Chronic Pain Guidelines note to determine if the patient is at risk for gastrointestinal events the following criteria may be utilized: (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). The MTUS Chronic Pain Guidelines note long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Within the provided documentation it was unclear if the patient had a history of peptic ulcer, GI bleeding, or perforation. There is a lack of clinical evidence provided of symptoms related to dyspepsia due to the medications beginning from that date. There was a lack of documentation demonstrating the efficacy of the medication. Therefore, the request is not medically necessary and appropriate.