

<b>Case Number:</b>	CM14-0115328		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/10/1997
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 and Ohio. 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 63-year-old male who reported an injury on 07/09/1997 from an unknown mechanism of injury. The injured worker had a history of neck pain that radiated to the bilateral upper extremities, lower back pain that radiated to the bilateral lower extremities. The injured worker had diagnoses of lumbar disc displacement, lumbar postlaminectomy syndrome, lumbar radiculopathy, and lumbar spinal stenosis. The diagnostics included a CT scan of the lumbar spine, EMG, and MRI of the right knee. The past surgeries included a laminectomy of the lumbar spine. The physical examination of the lumbar spine revealed a well healed incision scar, spasms noted bilaterally to the paraspinal musculature, tenderness was noted upon palpation to the bilateral paravertebral area at L4-S1 levels. The range of motion to the lumbar spine was moderately limited secondary to pain. Pain increased with flexion and extension. The prior treatments included a status post spinal cord stimulator and a spinal cord stimulator replacement. Medications included Wellbutrin, Celebrex, gabapentin, Metformin, Protonix, tramadol, zolpidem, and trazodone. Treatment plan included epidural steroid injection and Protonix. The Request for Authorization dated 07/22/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix DR 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS, Page(s): 70.

**Decision rationale:** The request for Protonix DR 20mg #60 is not medically necessary. The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical notes were not evident that injured worker had had a periodic lab monitoring of a CBC and chemistry profile started within the 4 to 8 weeks after starting therapy. The request did not indicate the frequency. As such, the request is not medically necessary.