

<b>Case Number:</b>	CM14-0123880		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Geriatrics and is licensed to practice in New York. 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 56 year old female whose date of injury is 06/12/2008. The mechanism of injury is described as a fall when coming from a laundry facility. Treatment to date includes left hip arthroscopy in 2011, left hip steroid injection, physical therapy, pain program and medication management. The injured worker was authorized for an H-wave trial on 02/17/14. Diagnoses are left hip pain, osteoarthritis, lumbar degenerative disc disease, adjustment disorder with depression and anxiety, and chronic pain syndrome. Follow up note dated 07/21/14 indicates that activity level has remained the same. Medications include Celebrex, Cymbalta, Robaxin, Norco and lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40 mg, Qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

**Decision rationale:** This worker has chronic pain with an injury in 2012. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of

gastrointestinal events. According to the MTUS guidelines, this would include those with: 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 records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of protonix. Therefore, the request is not medically necessary.