

<b>Case Number:</b>	CM14-0137897		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 30-year-old female with a 10/25/13 date of injury. At the time (7/22/14) of request for authorization for Protonix 20 mg #60, there is documentation of subjective (low back pain which is mostly let-sided and goes into left buttock and posterior lateral leg, to the foot and ankle, tingling at times) and objective (hyposensitive L4, L5, and S1 distribution, muscles strength 4-5/5 overall, minimal discomfort left sacroiliac joint with palpation, positive straight leg raise and Faber's) findings, current diagnoses (lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus/bulge, and lumbar spine radiculopathy), and treatment to date (massage therapy, activity modification, chiropractic, and medications (including Vicodin and ibuprofen)). There is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus/bulge, and lumbar spine radiculopathy. However, there is no documentation of risk for gastrointestinal event. In addition, there is no documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg, #60 is not medically necessary.