

<b>Case Number:</b>	CM14-0138074		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/05/1994
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/20/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on 5/5/1994. The most recent progress note, dated 8/8/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination revealed the patient has generalized weakness in the bilateral lower extremities and unable to ambulate with a front wheel walker and showing slow gait. Diagnostic imaging studies revealed lumbar spine radiographs dated 7/16/2014 that mentioned postsurgical changes associated with thoracolumbar spine that remain unchanged. Previous treatment included surgery and medications. A request had been made for Protonix 40 mg and was not certified in the pre-authorization process on 8/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.