

<b>Case Number:</b>	CM14-0164393		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 woman with a date of injury of 8/10/11. He was seen by his provider on 8/7/14. He noted increased back pain with radiation to his left leg and non-progressive leg weakness. His exam showed lumbar flexion to 90 degrees and extension to 50 degrees. Straight leg raising on the right at 60 degrees was pain free and on the left, he had pain at 50 degrees. His PHQ-9 (psychological testing) showed mild depression and anxiety. His diagnoses were L5-S1 disc protrusion with left L5 and chronic S1 chronic radicular pain and mild reactive depression and anxiety. At issue in this review is the request for protonix. Length of prior therapy was not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg half hour before breakfast, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This worker has chronic back and leg pain with an injury sustained in 2008. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID

in patients at risk of gastrointestinal events. This would include those with: 1) age greater than 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 she meets the criteria or is at high risk of gastrointestinal events to justify medical necessity of Protonix. Therefore, this request is not medically necessary.