

<b>Case Number:</b>	CM14-0167720		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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:

The injured worker is a 59-year-old male who reported an injury on 10/26/1998 due to an unknown mechanism. Diagnoses were degeneration of lumbar or lumbosacral intervertebral disc, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified, brachial neuritis or radiculitis. Physical examination, dated 06/30/2014, revealed that the injured worker's pain level was reported to be a 9/10 to 10/10 without medication and 9/10 with medication. The injured worker was complaining of an increase in neck pain. He was also having complaints of stomach upset with the oxycodone, but not with the Oxycontin. Examination revealed decreased range of motion on all planes for the lumbar spine and tenderness to palpation of the lumbar paraspinous area and lumbar surgical scar. Treatment plan was for a spinal cord stimulator trial with fluoroscopy and moderate sedation. The injured worker has a history of multiple lumbar surgeries. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix tabs 20mg twice daily #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
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**Decision rationale:** The decision for Protonix tabs 20mg twice daily #60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. The injured worker does not have a diagnosis to support the use of this medication. It was not reported why the injured worker is taking one tablet twice a day. There was no evidence that the injured worker was taking a NSAID medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.