

<b>Case Number:</b>	CM14-0174301		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; earlier lumbar spine surgery; a spinal cord stimulator implantation; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for pantoprazole (Protonix). The claims administrator did not incorporate any guidelines, either MTUS or non-MTUS, into its rationale. The applicant's attorney subsequently appealed. In a progress note dated August 14, 2014, the applicant reported ongoing complaints of low back pain, neck pain, bilateral upper extremity pain, 6/10 with medications versus 9/10 without medications. The applicant was apparently given a vitamin B12 injection. The applicant's spinal cord stimulator was reprogrammed. The applicant was given prescriptions for Protonix, Norco, Kenalog cream, Senna, and Lyrica. It was suggested (but not clearly stated) that the applicant was using Protonix for gastroprotective effect as opposed to for actual symptoms of dyspepsia. In a September 11, 2014 progress note, the applicant again reported multifocal pain complaints from 6/10 with medications versus 9/10 without medications. The applicant was not working, it was acknowledged. Protonix, Kenalog, Senna, Norco, and Lyrica were again renewed. It was again stated that the applicant was using Protonix for gastroprotective effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sod DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** The attending provider has indicated on several occasions that he is employing Protonix for gastroprotective effect as opposed to for actual symptoms of dyspepsia. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Specifically, the applicant is not using any NSAIDs, is less than 65 years of age (age 55), is not using NSAIDs in conjunction with corticosteroids, and does not have a history of prior peptic ulcer disease and/or GI bleeding. Therefore, the request is not medically necessary.