

<b>Case Number:</b>	CM14-0175098		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant is a 27 year-old female with a history of a work injury occurring on 09/19/07 when, while lifting boxes, she developed low back and bilateral lower extremity pain. She was found to have an L5-S1 disc protrusion. Treatments included medications, physical therapy, TENS, and multiple interventional procedures including facet injections, lumbar medial branch ablation, lumbar epidural steroid injections, and trigger point injections. She completed participation in a functional restoration program in November 2013. She continues to be treated for chronic low back and right lower extremity pain. She was seen by the requesting provider on 08/20/14 with a flareup of low back pain radiating into the right lower extremity. She had seen a specialist and prolotherapy had been recommended. She was using an TENS unit. She was continuing to take medications for depression. Medications were Diclofenac cream, Pantoprazole/Protonix, Nucynta ER, Orphenadrine/Norflex ER, Ketamine cream, Lorazepam, Prozac, and Seroquel. Physical examination findings included lumbar spine tenderness with decreased range of motion. She had decreased right lower extremity strength and sensation. There was a positive right straight leg raise. Lyrica and Ketamine cream were prescribed. Authorization for acupuncture treatments was requested. On 08/29/14, she was having ongoing symptoms. She was seen for completion of FMLA paperwork. She was working as a pharmacy technician and was having severe pain interfering with work. Conservative treatments were continued. On 09/18/14, she was undergoing a 30 day trial of an H-wave unit. There had been benefit after the initial use. Medications were refilled. On 10/30/14, she was having severe pain. Physical examination findings included a normal gait. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic low back and right lower extremity pain. Medications being prescribed are were Diclofenac cream, Pantoprazole/Protonix, Nucynta ER, Orphenadrine/Norflex ER, Ketamine cream, Lorazepam, Prozac, and Seroquel. Guidelines recommend consideration of a proton pump inhibitor such as Protonix (Pantoprazole) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is not taking an oral NSAID. Topical NSAIDs such as Diclofenac cream which is being prescribed have a better safety profile than oral NSAIDs and adverse effects secondary to topical NSAID use occurs in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. Additionally, the claimant does not have any identified ongoing risk factors for a gastrointestinal event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Therefore, the request for Pantoprazole-Protonix 20mg #60 is not medically necessary.