

<b>Case Number:</b>	CM14-0032800		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 patient is a 21-year-old female who has submitted a claim for chronic back pain with L5-S1 herniation and stress incontinence associated with an industrial injury date of 07/10/2012. Medical records from 2013 to 2014 were reviewed. 02/19/14 progress report indicated that patient complained of persistent lumbosacral spine pain of the same severity. On examination, there was limited range of motion noted at the lumbosacral spine area. Treatment to date has included medications (Anaprox, Norco and Protonix since August 2013), chiropractic care, and work conditioning. Utilization review from 02/25/14 denied the request for Protonix 20mg #30. The patient is not >65 years old and the medical file did not document that the claimant was taking NSAIDS or had concurrent use of ASA, corticosteroids and/or an anticoagulant nor that the claimant had GI symptoms or is at intermediate risk for gastrointestinal events.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg, #30:** Upheld

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

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

**Decision rationale:** As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, only patients who are at intermediate risk for gastrointestinal events are given a PPI. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has been on Protonix since August 2013. Patient is a 21-year-old, with no concurrent use of ASA, corticosteroids and/or an anticoagulant, and no documentation of a history of gastrointestinal events nor is there presentation of GI symptoms, hence is not considered to be at intermediate risk for gastrointestinal events. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Protonix 20mg #30 is not medically necessary.