

<b>Case Number:</b>	CM14-0034792		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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:

There were 68 pages provided for this review. The independent medical review request was signed on February 24, 2014. Per the records provided, the claimant is a 37-year-old man who was injured on November 3, 2013 when he was using a shorter stand than usual, and had to reach more. On November 6, 2013, he presented for evaluation with complaints of lower back pain. His pain was rated as 10 out of 10 and it was constant. He was not taking any medicine. Examination of the back showed no tenderness. Range of motion was normal. Negative straight leg raise and sensory deficits were noted. The diagnosis was acute lumbar sprain strain. He was placed on naproxen. There was tenderness to palpation in the lumbar spine. There was a plan for chiropractic therapy two times a week for six weeks. He was assigned restricted modified duty. There was no evidence of gastrointestinal issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #30 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against gastrointestinal (GI) risk factors such as: (1) age > 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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.