

<b>Case Number:</b>	CM14-0049728		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/06/2002
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Family Practice 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:

A 53 year old male claimant sustained a work injury on November 6, 2002 involving the lower back. A urine drug screen on 3/6/13, 7/2/13, 9/26/13, and 11/25/13 was consistent with medications taken. A progress noted November 21, 2013 indicated the claimant had seven out of 10 pain level in the low back that involved the legs. Examination was notable for paraspinous muscle spasms, decreased sensation in the lower extremities and reduced reflexes in the ankles. The claimant's pain was treated with opioids, NSAIDs and muscle relaxants. He had been taking Protonix for gastrointestinal prophylaxis. A progress note on April 1, 2014 indicated the claimant had continued low back pain. He was continued on a similar pain regimen as well as Protonix. Prior to that visit an additional urine drug screen was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20 MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical Care: Managing Non-terminal Pain page 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.