

<b>Case Number:</b>	CM14-0057223		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 28 year old male who reported an injury to his low back. The utilization review dated 04/18/14 resulted in a denial for the continued use of Norco as well as protonix as insufficient information had been submitted confirming the medical need for these medications. The request for Norco had been modified in order to assist the injured worker's avoiding withdrawal symptomatology. The clinical note dated 02/10/14 indicates the injured worker complaining of tenderness upon palpation at the upper, mid and lower paravertebral musculature. The note indicates the injured worker able to demonstrate 25 degrees of lumbar flexion with 20 degrees of bilateral lateral bending and 20 degrees of bilateral rotation. Electrodiagnostic studies completed on 11/04/13 revealed no findings consistent with radiculopathy or neuropathy. The computed tomography scan of the lumbar spine dated 11/11/13 revealed degenerative osteoarthritic changes at the SI joint as well as at the L5-S1 level. The agreed medical examination dated 02/03/14 indicates the initial injury occurred when he loaded a slotted wall onto the bed of a flatbed truck resulting in low back pain. The incident occurred on 04/03/13. The injured worker rated the pain as 7-8/10 at that time. Radiating pain was identified into the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix tabs 20mg NDA#20-987: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 22,68-69, 76-80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN  
CHAPTER, PROTON PUMP INHIBITORS.

**Decision rationale:** Proton pump inhibitors (PPI) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include the patient age of greater than 65 years; a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple non steroidal anti-inflammatory drugs. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for Protonix tabs 20mg NDA#20-987 cannot be established as medically necessary.