

<b>Case Number:</b>	CM14-0063367		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 underlying date of injury in this case is 01/03/2003. The patient's treating diagnoses include cervical sprain, lumbar sprain, and dyspepsia. On 03/25/2014, the patient was seen in follow-up and was requesting medication refills. The claimant was felt to be permanent and stationary and reported good relief with medications. Her medications included Naprosyn, Tramadol, and Protonix. These medications were requested as they reportedly provided a decrease in the patient's pain. An initial physician review concluded that Naprosyn was medically necessary. However, this review noted that the records did not specify objective evidence of a gastrointestinal disorder, and the response to over-the-counter generic proton-pump inhibitors or antacids were not specified in the medical records, and a detailed gastroenterology exam was not specified, and thus Protonix was felt to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG QTY:120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state specifically that anti-inflammatory medications are a traditional first line of treatment, but long-term use may not be warranted. Additionally, the same guideline states that the practitioner should determine if the patient is at risk for gastrointestinal events, including a history of peptic ulcer. Overall, the records thus allow physician judgment in continuing anti-inflammatory medications long term based upon clinical response and side effects. Most notably, indications for a proton-pump inhibitor are not required to be based on objectively defined pathology but rather are to be based upon risk factors. By definition, there cannot be clear objective evidence if a decision is based on risk factor rather than upon defined pathology. The medical records in this case do clearly document risk factors for gastrointestinal disease, including symptoms of dyspepsia and long-term anti-inflammatory medication use. That anti-inflammatory medication use is documented as being of benefit, as noted by the prior reviewer in certifying continued anti-inflammatory medication use. There is no indication in the guidelines to state that there is a requirement to first try over-the-counter proton-pump inhibitors before utilizing a prescription medication. Overall, this patient does have risk factors to support an indication for Protonix based on the guidelines. This request is medically necessary.