

<b>Case Number:</b>	CM14-0070006		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This is a 38-year-old male with an 11/3/13 date of injury. The mechanism of injury was when the patient was using a smaller fueling stand than he normally uses; he had to stretch more than normal due to the smaller stand. He felt like he over-stretched his back which caused him to have pain. According to a progress report dated 4/2/14, the patient walked with a non-antalgic gait and was able to heel and toe walk without difficulty. Objective findings: tenderness to palpation in the upper, mid, and lower paravertebral and trapezius muscles; increased pain with cervical extension; patchy decreased sensation in the bilateral upper extremities most notably in the C7 distribution; increased pain with lumbar flexion and extension; patchy decreased sensation in the bilateral lower extremities most notably in the S1 distribution. Diagnostic impression: cervical, thoracic, and lumbar spine strain; cervical radiculopathy; lumbar radiculopathy; lumbar disc protrusion at L5-S1. Treatment to date: medication management, activity modification, chiropractic therapy. A UR decision dated 4/25/14 denied the request for Protonix. If the patient is not going to be on an NSAID, there is no medical reasoning behind the use of the proton pump inhibitor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix tabs 20mg:** Overturned

**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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix)).

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. According to the reports reviewed, the patient is on Naprosyn 550 mg. Guidelines support the use of a proton pump inhibitor in patients currently utilizing chronic NSAID therapy. Although the quantity of medication is not noted in this request, the medical records document that the provider has been prescribing 60 tablets. Therefore, the request for Protonix tabs 20 mg was medically necessary.