

<b>Case Number:</b>	CM14-0084332		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

This 44 year-old injured worker sustained a lower back injury on 10/17/13 from loading sand bags while employed by [REDACTED]. Request(s) under consideration include Protonix 20mg #90. Diagnoses include left-sided L4-5 disc herniation with neural impingement. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/15/13 from the provider noted injured worker with worsening back pain with associated numbness and tingling in the hands and feet; participating in physical therapy and improving. Exam showed lumbar spine with tenderness and spasm; decreased range of motion with flex of 60 degrees; DTRs were equal at ankles and knees; positive bilateral SLR. Diagnoses include lumbar strain with radiculopathy. Treatment included continued physical therapy, medication refills of Flexeril, Hydrocodone, and Ibuprofen. The injured worker remained total temporary disability. Report of 3/18/14 from the provider noted the injured worker with chronic ongoing lower back pain. No exam or objective findings were detailed. Treatment included medication refills. Medications list Protonix and Ibuprofen. The request(s) for Protonix 20mg #90 was non-certified on 5/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69, 70, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the injured worker does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request for Protonix 20mg #90 is not medically necessary and appropriate.