

<b>Case Number:</b>	CM14-0091265		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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:

There were 106 pages provided for this review. There was an application for independent medical review. It was for Norco 2.5 mg\325 mg one tablet every 4 to 6 hours number 20. The application for independent medical review was signed on June 9, 2014. The utilization review was done on May 29, 2014. Per the records provided, the claimant is a 52-year-old man who was injured back in September 2012 when he slipped and struck his left knee. He has had medicines and a cane. In April 2014, he complained of bilateral knee and lumbar spine pain. The pain was eight out of 10. He had no history of peptic ulcer disease. He had a leftward antalgic gait. The heel toe walk exacerbated the antalgic gait on the left. He had diffuse tenderness noted to palpation over the lumbar paraspinal muscles. He had moderate facet tenderness to palpation along the L4 through S1 levels. There was positive piriformis tenderness bilaterally. There was positive sacroiliac tenderness. FABERE, Patrick's test, sacroiliac thrust test, Yeoman's test were positive bilaterally. There was a positive Kemp's test as well. The seated straight leg raise was positive at 60 and the supine at 50 on the right and 70 on the left. This review is for Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG 1 PO QD COUNT #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is therefore not medically necessary.