

<b>Case Number:</b>	CM14-0143041		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53 year old male with an industrial injury dated 09/24/2012. His diagnosis includes lumbar degenerative disc disease, lumbar facet syndrome; bilateral sacroiliac joint arthropathy and status post left knee arthropathy. Prior treatments include left knee surgery, physical therapy and medications. He presents on 06/27/2014 with complaints of low back pain rated as 8/10 and is unchanged since last visit. The injured worker reports medications are helping. Physical exam reveals diffuse tenderness noted to palpation over the lumbar paraspinal muscles. Lumbar spine range of motion was decreased. Tenderness was also noted to palpation over the left knee. Treatment plan included scheduling for bilateral sacroiliac joint injection (already approved), refill of medications with addition of a stool softener for constipation and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg QTY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton Pump Inhibitors.

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

**Decision rationale:** It has been stated by utilization review with non-certifications for a Protonix that the patient is not currently at high risk for gastrointestinal complications. Provided clinical notes request Protonix but the most recent note provides no evidence of GI complaints or objective physical findings to warrant use. Review of systems does not mention anything concerning with regard to the gastrointestinal system. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. At this time it is not clear whether or not the patient is currently taking NSAIDs (the most recent note is from 2014 and indicates that the patient was taking Naproxen but additionally prescribed Motrin with no formal documentation of advisement to discontinue Naproxen). It is the opinion of this reviewer that the request for Protonix being non-certified is reasonable as clarification of need prior to treatment is warranted. If the patient has stomach upset from medications, or if the primary treating physician has legitimate concern for gastrointestinal complications due to continued pharmacologic treatment, the concerns should be clearly documented in order to facilitate future decision-making. Caution is also recommended to ensure that the patient is not chronically taking Naproxen and Motrin simultaneously, which would certainly increase risk of gastrointestinal problems. At this time, the request for Protonix is not considered medically necessary based on the provided documents.