

<b>Case Number:</b>	CM14-0191483		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 34 year old male who was injured on 7/31/2012. He was diagnosed with displacement of lumbar intervertebral disc and sciatica. He was treated with NSAIDs and other medications, home exercises, physical therapy, and epidural injection. He was seen by his primary treating physician on 10/17/14 reporting working light duty and feeling right leg improvement after his most recent lumbar epidural injection. He reported taking tramadol and Anaprox regularly and Norflex occasionally. Physical findings included normal strength testing, decreased sensation of the knee and medial leg and lateral leg and dorsum of foot on the right leg, and tenderness of the lumbar area. He was then recommended to continue his current medications (including Protonix), remain on light duty, and continue his home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg DR QTY: 30 refills 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Proton Pump Inhibitors (PPIs)

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

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, where he had been using moderate doses of Anaprox on a regular basis, there was insufficient evidence to suggest he was at an elevated risk for gastrointestinal events to justify the long-term effects of a proton pump inhibitor. Also, in the case that he did fulfill the criteria for a proton pump inhibitor, there was no clarification found in the notes available for review as to why Protonix was being requested as opposed to generic omeprazole, which is first line therapy. Therefore, the Protonix is not medically necessary.