

<b>Case Number:</b>	CM15-0109936		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 29 year old male, who sustained an industrial injury on 11/07/2012. He reported injury to his back while climbing up onto a tractor and slipping. The injured worker was diagnosed as having chronic lumbar spine strain, lumbar myofascial pain syndrome, lumbar disc syndrome, and right lumbar radiculitis. Treatment to date has included diagnostics, chiropractic, and medications. The Doctor's First Report of Occupational Illness or Injury (3/31/2015) noted complaints of low back and leg pain, rated 7-8/10. Medication prescribed included Tramadol and Prilosec. Gastrointestinal symptoms were not documented. Electrodiagnostic studies of the right lower extremity (4/03/2015) showed mild to moderate L4 radiculopathy. Currently (5/14/2015), the injured worker complains of an acute flare up of low back pain, rated 5-6/10, and requested medication refills. Physical exam noted tenderness in the lumbar musculature with mild muscle spasms, palpable on the right greater than left. Range of motion was mildly decreased in flexion and extension, with complaints of increased pain on movement. Straight leg raise test was positive on the right and Fabere's test was positive bilaterally for sacroiliac joint pain. Gastrointestinal complaints were not noted. His work status remained without restrictions. Urine toxicology was not noted. The treatment plan included medication, including Tramadol and Protonix, noted to provide an increase in activities of daily living and sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix is not medically necessary.