

<b>Case Number:</b>	CM15-0148271		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Family Practice

### 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 59-year-old male who sustained a work related injury February 2, 2006. History included an L2-4 fusion 2010, bilateral L3-L5 radiculopathy and neurogenic bladder. According to a treating physician's notes, dated June 25, 2015, the injured worker presented with continued low back pain, bilateral leg pain, right greater than left leg pain, and right wrist pain. He reports that he continues to perform straight catheterizations for his neurogenic bladder. He is currently taking Percocet, Norco, Celebrex, Flexeril, Effexor, and Protonix. Physical examination revealed; right straight leg raise in a seated position causes low back pain and right knee pain, left straight leg raise causes lower back pain. He ambulates with an irregular gait and is currently undergoing counseling. Impression is documented as status post L2-L4 fusion October 2010; bilateral L4-L5 radiculopathy with left foot drop; moderate reactive depression; bilateral grade IV chondromalacia and meniscal tearing; right wrist sprain post fall January 2014; neurogenic bladder. At issue, is the request for authorization for Protonix.

### 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 NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID for the patients at risk for gastrointestinal events. The risk factors indicated are (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID use, or NSAID with low dose aspirin use. While the injured worker is noted to be prescribed anti-inflammatory medications, the medical records do not establish that the injured worker is at risk gastrointestinal events. In addition, it should be noted that Protonix is considered second line proton pump inhibitor. Furthermore, the medication records note that Protonix has been prescribed at least from January 2013 and per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. ODG also address risks of proton pump inhibitors and notes the potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. The request for Protonix 20mg #60 is therefore not medically necessary and appropriate.