

<b>Case Number:</b>	CM15-0163435		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 47-year-old female, who sustained an industrial injury on September 30, 1999, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease. She underwent an intradiscal electrothermal annuloplasty in 2000, and a surgical lumbar fusion in 2008. Treatment included physical therapy, chiropractic sessions, pain medications; anti-inflammatory drugs, neuropathic medications, and proton pump inhibitor, epidural steroid injection, and spinal cord stimulation and modified activities. Currently, the injured worker complained of persistent chronic pain in the thoracic region and lumbar region radiating into the lower extremities requiring the need for continuous pain management. The treatment plan that was requested for authorization included a prescription for Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Protonix 40 mg #60 with three is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G. I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are myalgia and myositis NOS; chronic pain syndrome; and lumbosacral neuritis NOS. Date of injury is September 30, 1999. Request for authorization is July 28, 2015. According to a July 11, 2012 progress note, the treating provider prescribed AcipHex (proton pump inhibitor second line). According to a January 9, 2014 progress note AcipHex was changed to Protonix 40 mg. There is no documentation of first-line proton pump inhibitor failure. According to the documentation, the injured worker wanted to change AcipHex to an H2 blocker. Protonix is a proton pump inhibitor not H2 blocker. Current medications include Nucynta, Lyrica, ibuprofen and Robaxin. The most recent progress note states the injured worker has subjective improvement status post spinal cord stimulator implantation. There was no clinical indication or rationale for a proton pump inhibitor (second line PPI). There is no fail first-line proton pump inhibitor use. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line proton pump inhibitor use and documentation indicating an H2 receptor blocker should be used, but a proton pump inhibitor was prescribed, Protonix 40 mg #60 with three refills is not medically necessary.