

<b>Case Number:</b>	CM15-0181233		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 52 year old female, who sustained an industrial injury on March 4, 2010. Medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, bilateral wrist pain, left knee medial and lateral meniscus tears, hypertension, gastroesophageal reflux disease (GERD), bilateral carpal tunnel syndrome, insomnia and depressive disorder. The injured worker is currently not working. On (7-22-2015) the injured worker complained of neck pain which radiated down the bilateral upper extremities and low back pain which radiated to the bilateral lower extremities. The low back pain was accompanied by constant numbness and tingling in the lower extremities. The pain was aggravated by activity, bending, prolonged sitting and standing, turning, twisting and walking. The injured worker also noted right hand pain, gastrointestinal upset, occasional nausea, insomnia, anxiety and depression. Examination of the lumbar spine revealed spasms and a decreased and painful range of motion. Sensation was diminished in the lumbar four-sacral one dermatome. A straight leg raise test was positive bilaterally. The injured workers pain level was on average 7 out of 10 with medications and on 9-10 out of 10 without medications. Subsequent documentation dated 7-28- 2015 and 4-29-2015 notes the injured worker reported GERD related gastrointestinal upset. Treatment and evaluation to date has included medications, MRI of the lumbar spine (6-8-2015), cognitive behavior therapy, right wrist injection, pool therapy, left knee Cortisone injections, lumbar epidural steroid injections, biofeedback sessions and a lumbar fusion. Current medications include Percocet, Tizanidine, Celecoxib, Capsaicin cream, Gabapentin, Senna Docusate, Ventolin inhaler, Alprazolam, Amitiza, Amlodipine, Bupropion, Citalopram, Butalbital-caffeine-acetaminophen, Hydrochlorothiazide, Methyl transdermal cream, Oxycodone, Pantoprazole (since at least April of 2015), Polyethylene and Zolpidem. Current requested treatments include Protonix 40 mg # 30 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton pump inhibitors, are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Protonix is considered to be a second-line agent to be used when there is failure with a first-line agent. In this case, there is evidence of GERD in the injured worker but there is no evidence of failure with a first line agent, therefore, the request for Protonix 40mg #30 with 2 refills is determined to not be medically necessary.