

<b>Case Number:</b>	CM15-0200009		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old male, who sustained an industrial injury on 2-6-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar degenerative disc disease, sciatica, and left lower extremity weakness. According to the progress report dated 9-2-2015, the injured worker presented with complaints of lumbosacral radicular pain bilaterally. On a subjective pain scale, he rates his pain 4 out of 10. The physical examination of the lumbar spine reveals limited range of motion. The current medications are Ibuprofen, Norco, and Flexeril. Previous diagnostic studies include electrodiagnostic testing and imaging studies. Treatments to date include medication management, physical therapy, and acupuncture. Work status is not indicated. The treatment plan included initiation of Protonix 20mg twice daily. The original utilization review (9-16-2015) had non-certified a retrospective request for Protonix 20mg #60 (DOS: 9-2-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg Qty 60, 1 tab 2 times daily (retrospective dispensed 09/02/2015): Upheld**

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

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

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. The request is not medically necessary.