

<b>Case Number:</b>	CM15-0201296		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2012. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Protonix. The claims administrator referenced an RFA form and associated progress note of August 20, 2015 in its determination. On said August 20, 2015 office visit, the applicant reported ongoing complaints of low back pain. The applicant was unemployed, it was acknowledged. The applicant was seeing a psychiatrist and using a lumbar support, it was reported. The applicant's medication list included Relafen, Protonix, and phentermine, the treating provider reported. The applicant was asked to employ Effexor for anti-depressant effect. The applicant was described as having a sensitive stomach. The attending provider suggested the applicant was using Relafen in conjunction with Protonix to ameliorate issues with Relafen-induced dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg twice daily for 30 days, #60 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Yes, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as it was seemingly present here on August 20, 2015. The attending provider contended that the applicant had issues with Relafen-induced dyspepsia present at that point in time and that ongoing usage of Protonix had effectively attenuated the same. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.