

<b>Case Number:</b>	CM15-0022242		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/19/1995
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

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 69-year-old female, who sustained an industrial injury on October 19, 1995. The injured worker has reported a low back injury. The diagnoses have included lumbar facet syndrome, lumbar spine degenerative disc disease, low back pain, and sacroiliac pain. Treatment to date has included pain medication, topical analgesics, and a MRI of the lumbar spine. Current documentation dated December 18, 2014 notes that the injured worker complained of low back pain. The pain was rated a two out of ten on the Visual Analogue Scale with medications. Physical examination of the lumbar spine revealed restricted range of motion due to pain. Also noted was tenderness to palpation over the paravertebral muscles, muscle spasms, a tight muscle band, and a trigger point on the right side. Lumbar facet loading was positive on both sides. Tenderness was also noted over the sacroiliac spine. Straight leg raise was negative. Sensation was decreased to light touch over the posterior thigh on both sides. On January 9, 2015 Utilization Review non-certified a request for Protonix 40 mg # 30 with 3 refills. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 19, 1995, the injured worker submitted an application for IMR for review for Protonix 40 mg # 30 with 3 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 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI protection Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAIDs; GI protection

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)."The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Protonix 40mg quantity 30 with three refills is not medically necessary.