

<b>Case Number:</b>	CM15-0024972		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: 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:

This 54 year-old male injured worker suffered and industrial injury on 3/22/2006. The diagnoses were bilateral lumbar radiculopathy, chronic intractable pain and gastroesophageal reflux disease, erectile dysfunction s/p L4-S1 fusion in 2008. There is past remote history of knee surgery in 1997 and unspecified stomach surgery undated. The treatments have included medications, acupuncture, chiropractic care, and modified activities. Medications list Ultram, Norco, Restoril, Protonix, and Anaprox. the patient remained P&S treating under future medical. The treating provider reported ongoing low back pain 7/10 with unchanged clinical findings with intact sensory and DTRs and motor of 5/5 in lower extremities except for knee flexion 4/5. Treatment included continuing with medication. The Utilization Review Determination on 2/2/2015 non-certified Protonix 20mg #60, citing MTUS, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any acute symptoms, clinical findings, or diagnostic confirmation to warrant this medication. The Protonix 20mg #60 is not medically necessary and appropriate.