

<b>Case Number:</b>	CM15-0028326		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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:

The injured worker was a 58 year old male, who sustained November 3, 1998. According to progress note of January 8, 2015, the injured workers an industrial injury, chief complaint was pain in the head, bilateral arms, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, bilateral hands, bilateral knees, abdomen, bilateral low back, bilateral ankles/feet and groin. The injured worker described the pain as sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. The injured worker was diagnosed with chronic pain syndrome, lumbar back pain, lumbar radiculopathy, degenerative disc disease, anxiety, depression, insomnia and opioid dependence. The physical exam noted lumbar spine tenderness with palpation with decreased range of motion, antalgic gait, transfers gingerly with the use of a cane. The injured worker previously received the following treatments pain medication, physical therapy, home exercise program, Medrol, back brace, aqua therapy, Tramadol trial, psychological evaluation for a pain pump, ACL repair right knee and ice. The primary treating physician requested authorization for a prescription for Protonix 40mg #20. On January 23, 2015, the Utilization Review denied authorization for a prescription for Protonix 40mg #20. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix tabs 40mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-86; 68-69, 100; 24, 124.

**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 history, symptoms, or GI diagnosis to warrant this medication. The Protonix tabs 40mg #30 is not medically necessary and appropriate.