

<b>Case Number:</b>	CM13-0016160		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/03/1996
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: [REDACTED] is 49 year old man who sustained work related injury on January 3 1996. The patient was diagnosed with gastritis, hiatal hernia and polypes. He was treated with Protonix with improvement of his condition. The provider is requesting authorization to prescribe Protonix 20 mg for one year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #90 PO 1 in the morning 2 at night for a period of 1 year, Modified to 20mg x three months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act

synergistically with NSAIDS to develop gastroduodenal lesions. The patient was diagnosed with gastritis and he responded to Protonix. However continued use of Protonix for one year should be authorized without periodic evaluation of the patient condition, response to treatment progression of his condition and possible adverse reactions. Therefore the prescription of Protonix 20mg #90 PO 1 in the morning 2 at night for a period of 1 year is not medically necessary.