

<b>Case Number:</b>	CM15-0001770		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old male, who sustained an industrial injury on 7/9/10. He has reported back injury while loading his truck. The diagnoses have included lumbago. Treatment to date has included 7 physical therapy sessions, chiropractic sessions, medications, epidural steroid injection, psychiatric sessions, home traction unit and conservative measures. Currently, the injured worker complains of chronic pain in the lower back with radiation down bilateral; extremities. The pain is rated ranges up to 8/10 and aggravated with activities. The injured worker states that he recently got his home traction unit and currently rates the pain 4/10. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/16/12 revealed disc extrusion, with impingement on the nerve root, spinal stenosis and minimal disc bulging. Physical exam revealed decreased range of motion of the lumbar spine secondary to pain. There was lumbar tenderness and spasm noted. The current medications included Naprosyn, Fexmed, Neurontin and Protonix. The injured worker does not want to proceed with surgery however; he would like to try another epidural steroid injection. Work status was permanent and stationary. On 12/1/14 Utilization Review modified a request for Protonix 20mg #60 modified to Protonix 20mg #30 for once a day use, noting there is no support provided for twice a day use. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

### 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 Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines

**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. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Protonix 20mg #60 is not medically necessary