

<b>Case Number:</b>	CM15-0015493		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Hawaii  
 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 is a 36 year old male, who sustained an industrial injury on 12/11/2001. He has reported right knee pain. The diagnoses have included lumbar/lumbosacral disc degeneration; hip pain; chronic back pain; knee pain, and sacroiliitis. Treatment to date has included medication, steroid injections, and surgical intervention. Medications have included Norco, Opana ER, Lodine, Trazadone, and Protonix. A progress note from the treating physician, dated 12/05/2014, documented a follow-up visit with the injured worker. The injured worker has reported right knee pain which is unchanged since last visit; and the medications are working well to control his pain and increase function. Objective findings included tenderness to palpation of the lumbar spine, left hip, right knee, and left knee; range of motion of the lumbar spine, left hip, right knee and left knee is restricted due to pain; and right knee crepitus is noted with active movement. The treatment plan has included prescriptions for medications; and follow-up evaluation in four weeks. On 12/26/2014 Utilization Review noncertified a prescription for Protonix 40 mg tablet EC #30. The ODG was cited. On 01/24/2015, the injured worker submitted an application for IMR for review of Protonix 40 mg tablet EC #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg tablet EC #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs, GI symptoms and cardiovascular risk

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with right knee pain. The current request is for protonix 40 mg tablet EC #30. The treating physician states that the patient's pain level has remained unchanged since the last visit and he has no new problems or side effects. The MTUS guidelines state, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the medical records provided do not document that the patient suffers from GI complaints or why the medication was prescribed. None of the above risk factors are documented to be present to justify a PPI for this patient. The current request is not medically necessary and the recommendation is for denial.