

<b>Case Number:</b>	CM15-0116484		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Pain Management

### 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 (IW) is a 39-year-old male who sustained an industrial injury on 09/21/2013. Diagnoses include lumbar spine strain, left lumbar radiculopathy, lumbar disc protrusion at L4-5 and L5-S1, right internal derangement of the knee (IDK)/mild degenerative changes/lateral meniscus tear of the right knee and left IDK/mild degenerative changes of the left knee. Treatment to date has included medications and functional restoration program completion. According to the progress notes dated 5/6/15, no specific subjective information was documented. On examination of the thoracic spine, there was tenderness to palpation of the lower paravertebral muscles and range of motion (ROM) was mildly limited. In the lumbar spine, the upper, mid and lower paravertebral muscles were tender to palpation, ROM was reduced and flexion was painful. Straight leg raise and rectus femoris stretch were negative. Sensation was decreased in areas of the L5 distribution. ROM was decreased in both knees and McMurray's maneuver produced pain, medially on the right and laterally on the left. Patellofemoral irritability was present bilaterally. Tenderness to palpation was noted over the medial joint line of the right knee and over the lateral joint line of the left knee. Medications were Naprosyn and Protonix. A request was made for Protonix 20mg; #30 for gastrointestinal (GI) prophylaxis due to past reports from the IW of GI symptoms with prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix tab 20mg; #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, it appears that the patient has a prior history of dyspepsia secondary to NSAID use, but there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.