

<b>Case Number:</b>	CM15-0078952		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on July 10, 2013. The injured worker was diagnosed as having cervical and lumbar degenerative disc disease (DDD), depression and muscle spasm. Treatment and diagnostic studies to date have included medication. A progress note dated March 16, 2015 provides the injured worker complains of chronic neck and back pain. He reports pain is about the same and rated 7/10 at best and higher than 8/10 at worst. Physical exam notes depressed affect with fatigued and uncomfortable appearance. The plan includes medication, activity as tolerated, follow-up, injections and psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonics 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68.

**Decision rationale:** Proton pump inhibitors such as Protonix are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical record states that protonix is being prescribed for mucosal protection. However, given the absence of the above risks, protonix for this purpose is not indicated. The request is not medically necessary.