

<b>Case Number:</b>	CM15-0093053		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Arizona, California  
 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 53-year-old male who sustained an industrial injury on 4/3/09 when he fell out of his truck injuring his back and knees. He currently complains of bilateral knee pain and back pain. On physical exam, there is tenderness of the thorocolumbar spine with mild muscle spasms, decreased range of motion and positive straight leg raise bilaterally; right and left knees have decreased range of motion, tenderness in the medial and lateral compartments. Medications are Tramadol, naproxen and Protonix. The injured worker complained (4/21/15) that the Tramadol was upsetting his stomach. Diagnoses include internal derangement left/ right knees; moderate lumbosacral strain; thoracic myofascial pain syndrome. In the progress note, dated 4/21/15 the treating provider's plan of care includes requests for Protonix and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg 1-2 tabs qam #60:** 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 and PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Norco and previously Tramadol and NSAIDs while on Protonix. Furthermore, the continued use of Naproxen as noted below is not medically necessary. Therefore, the continued use of Protonix is not medically necessary.

**Naproxen 550mg one bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had required Protonix for while on Naproxen and Norco. The Naproxen use can increase the GI symptoms exhibited by the claimant. Pain scores and response to Naproxen were not routinely documented. Continued use of Naproxen is not medically necessary.