

<b>Case Number:</b>	CM13-0019719		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Orthopedic surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old individual injured on 6/1/2008. The mechanism of injury was a trip and fall. There are multiple ongoing complaints; however, initially she complained of headaches, back pain and left shoulder pain. The claimant has a documented history of GERD and has taken NSAIDs and Prilosec since a right toe infection/spider bite in 2003. Protonix was first documented in October 2012. A diagnosis of gastropathy secondary to medication was diagnosed in May 2013 at which time an endoscopy was recommended (no report available). The previous utilization review, dated 8/8/2013, reported serum antibody test, dated 2/9/2011, was negative for H. pylori IgG. Diagnoses: Occipital neuralgia, lumbar radiculopathy, left shoulder pain status post-surgery, migraines, GERD(Gastroesophageal Reflux Disease), gastropathy, hypothyroidism and asthma. Previous medications listed: Norco, Anaprox, FexMid, Dendracin Cream, Prilosec and Protonix. Previous surgeries: Left shoulder decompression, distal clavicle resection, debridement partial thickness rotator cuff tear and labral tear on 7/19/2012. A request had been made for Protonix 20 mg #90. The utilization review in question was dated 8/8/2013 and rendered the request as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG, #90:** 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 67-68.

**Decision rationale:** Protein pump inhibitors (Prilosec or Protonix) are useful for the treatment of gastroesophageal reflux disease (GERD) and are considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for patients taking NSAIDs (Naproxen / Anaprox) with documented GI(Gastro Intestinal)distress symptoms. Although the claimant meets criteria for a proton pump inhibitor, there is lack of documentation of why the Prilosec was discontinued and/or if the claimant was taking both Protonix and Prilosec at the same time. Lastly, the results of the endoscopy are unavailable and the need for more aggressive gastric protection or alternatives to long-term oral NSAIDs has not been appropriately addressed. Given the lack of clear documentation, this request of Protonix 20mg #90 is not considered medically necessary.