

<b>Case Number:</b>	CM13-0027115		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 50 year old male with an injury date of 05/11/2006. Based on the 08/09/13 progress report provided by [REDACTED] the patient has moderate-severe pain in the upper/middle/lower back, neck, bilateral shoulders, and head. The pain radiates to the left ankle, left arm/right arm, left/right calf, left/right foot, and left/right thigh. The patient describes the pain as an ache, burning, discomforting, dull, numbness, shooting, stabbing, and throbbing. The patient's diagnoses include the following: Cervical radiculopathy, Thoracic or lumbosacral, radiculopathy, Muscle spasms, Myalgia/myositis, Chronic pain due to trauma, Depression, Anxiety. The 08/09/13 progress report mentions an EMG which showed "an L4 abnormality which is suggestive of a neuropathic process." There were no imaging studies provided. [REDACTED] is requesting for Protonix 40 mg #60 with 2 refills for a total quantity of 180. The utilization review determination being challenged is dated 08/29/13 and recommends denial of the Protonix. [REDACTED] is the requesting provider and he provided treatment reports from 06/07/13- 01/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROTONIX 40MG, #60, WITH 2 REFILLS, FOR A TOTAL QUANTITY OF 180:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS(non-steroidal anti-inflammatory drugs), GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** According to the 08/09/13 progress report by [REDACTED] the patient presents with cervical radiculopathy, thoracic or lumbosacral radiculopathy, muscle spasms, myalgia/myositis, chronic pain due to trauma, depressions, and anxiety. The request is for Protonix 20 mg #60. The patient has been taking Protonix since 04/05/13. The 08/09/13 progress report states that the patient needed Protonix "while the patient was on NSAIDs, due to the protective nature of peptic ulcers." Chronic Pain Medical Treatment Guidelines supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. The treater has not documented any gastrointestinal symptoms regarding Protonix on a prophylactic basis. MTUS does not allow prophylactic use of PPI's without documentation of GI risk factors. Given the lack of documentation regarding GI risk factors or GI symptoms, the request is not medically necessary.