

<b>Case Number:</b>	CM13-0033279		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 34-year-old female with date of injury of 09/03/2010. The request for Protonix 20 mg #60 and C6 cervical epidural steroid injection (ESI) has been denied per utilization review letter 09/11/2013. Request for these items come from report by [REDACTED] dated 09/04/2013. This is a handwritten note and it states under treatment plan, request cervical ESI, consider massage request next office visit, continue medication, ice, heat, exercising. Listed diagnoses are right ankle arthropathy, myofascial pain, coccydynia, and cervical radiculopathy. Presenting symptoms are right ankle pain at 3/10 to 4/10, neck, shoulder, low back at 5/10, occasional headaches. The MRI report from 04/08/2013 showed 1 to 2 mm broad-based disk protrusions at multiple levels from C3 to C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Protonix 20mg #60 between 9/4/2013 and 9/4/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section NSAIDs, GI symptoms & cardiovascular risk

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This employee presents with chronic right ankle pain, myofascial pain syndrome, coccydynia, and cervical radicular symptoms. The treating physician has prescribed Protonix as far back as 02/12/2013. Unfortunately, the treating physician's reports are handwritten and I can tell what has been prescribed by looking at the dispensed stickers that have been placed on these notes. The reports from 02/12/2013, 03/13/2013, 04/13/2013, 06/11/2013, 09/04/2013 do not discuss what kind of GI symptoms this employee is experiencing. I also note that there are no prescriptions of NSAIDs that I can tell. Medications I see dispensed are hydrocodone, cyclobenzaprine, and the Protonix. The 08/14/2013 report, by an orthopedist, addresses the employee's ankle problems. This report does not address medication use. For example, the report from 10/02/2013 is handwritten and states the employee is released to return to gym, and can do low-impact exercises at this time. The employee rates neck pain as 7/10, has been having pain radiating to bilateral shoulder; with pain medication, pain decreased to 2/10, listed medications provided are some hydrocodones as well as Protonix. The MTUS guidelines, page 69, indicate "Clinician should weigh the indications for AIDs against both GI and cardiovascular risks factors." The patient's GI risk should be determined in terms of age, history of peptic ulcer disease, GI bleed, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, and high dose of multiple NSAIDs. Based on the risks stratification, prophylactic use of proton pump inhibitors (PPIs) is recommended. In this employee, there is not a single indication of any GI discussion. The treating physician does not provide any rationale as to why this employee is on Protonix. There is no evidence that this employee is on any NSAIDs based on reviewing reports from 02/12/2013 to 10/02/2013. Recommendation is for denial

**One C6 cervical epidural steroid injection between 9/4/2013 and 11/8/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs), Page(s): s 46-47.

**Decision rationale:** This employee presents with chronic neck and upper extremity pains. Review of the multiple reports dating from 02/12/2013 through 10/02/2013 shows this employee's persistent pain in the neck, and bilateral upper extremity pains. None of the examination findings show evidence of myotomal or dermatomal pattern of deficit. Magnetic resonance imaging (MRI) of the cervical spine from 04/08/2013 only showed 2 mm broad-based disk protrusions. There was no evidence of nerve root problems or stenosis problems to suspect radiculopathy. The MTUS guidelines require radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy, for trying epidural steroid injection. In this case, while the employee may have radiating pain into the upper extremities, they are not described in dermatomal distribution and there are no corroborative findings of radiculopathy such as disk herniation or stenosis. The treating physician may note 2 mm broad-based disk protrusions, but many consider 2-mm size disk protrusions to be within normal limits. Given the lack of clear documentation of radicular pain in dermatomal distribution, without any corroborating MRI findings, recommendation is for denial.

