

<b>Case Number:</b>	CM13-0059581		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/05/2002
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 11/05/2002. The mechanism of injury was not provided for review. The patient ultimately developed chronic pain syndrome and underwent spinal cord stimulator implantation. The patient's medication schedule included Norco, Colace, metformin, Protonix, and Lexapro. The patient's physical examination documented that the patient had limited cervical spine range of motion secondary to pain with a positive Spurling's test to the right and a positive straight leg raising test to the right with tenderness to palpation over the left upper trapezius muscle and notable spasming in trigger points. The patient's treatment plan included discontinuation of Norco, initiation of an active therapy program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Protonix 20 mg #60 is not medically necessary or appropriate. The MTUS guidelines recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide any evidence of an adequate assessment of the employee's gastrointestinal system to support that the employee is at risk for developing gastrointestinal-related symptoms due to medication usage. Therefore, the continued use of Protonix 20 mg #60 is not medically necessary or appropriate.