

<b>Case Number:</b>	CM14-0106501		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology has a subspecialty in 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 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 58-year-old female who reported an injury on 02/15/2012. The mechanism of injury was not provided. On 03/19/2014, the injured worker presented with complaints of cervical spine, bilateral shoulder, lumbar spine, and bilateral knee pain. Upon examination of the cervical spine, there was tenderness to palpation over the paraspinal muscles and decreased range of motion. There was tenderness to palpation over the bilateral shoulders with decreased range of motion in all ranges. The lumbar spine had tenderness to palpation over the paraspinal muscles and decreased range of motion. There was tenderness to palpation and swelling over the right knee and decreased range of motion in flexion to the left knee. The injured worker ambulated with the use of a cane. There was a positive cervical spine compression and a positive straight leg raise. There was also positive bilateral McMurray's test. Diagnoses were cervical spine HNP, right shoulder RCT, right knee joint degeneration and status post left knee surgery. Current medications included hydrocodone, Diclofenac sodium, omeprazole, cyclobenzaprine, fluoxetine, and Mentherm. The provider recommended Protonix 20 mg for the date of service 07/18/2012. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 60 Protonix 20mg (DOS 7/18/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi symptoms, & cardiovascular risk.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk, page 68. The Expert Reviewer's decision rationale: The retrospective request for 60 Protonix 20mg (DOS 7/18/12) is not medically necessary. According to the California MTUS Guidelines, "proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that have moderate to high risk for gastrointestinal events. There is a lack of documentation that the injured worker had dyspepsia secondary to NSAID therapy or that the injured worker is of moderate to high risk for gastrointestinal events." The efficacy of the prior use of the medication was not provided. As such, the request is not medically necessary.