

<b>Case Number:</b>	CM14-0108628		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Internal Medicine 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 injured worker is a 36 year old male injured on 06/10/09 when assaulted by a fellow coworker resulting in right sided chest wall pain, neck pain, upper back pain, and low back pain. The injured worker also complained of numbness and tingling affecting fingers and low back radiating into lower extremities. Initial treatment included physical therapy, chiropractic therapy, injections, psychiatric evaluation, pain management, modified duty, and medication management. The injured worker was initially evaluated for orthopedic spinal consultation on 06/18/13, and was deferred for neurological consultation due to intermittent numbness and tingling to the face. Additionally, the injured worker was treated for depression and anxiety and was deemed a nonsurgical injured worker at that time. The injured worker continued to complain of neck pain and low back pain. The injured worker was treated with Nucynta three times a day and Protonix for GI prophylaxis. As noted in the clinical documentation the injured worker routinely complained of nausea, heartburn, abdominal pain, and melena with increase nausea and burping due to docusate sodium which was eventually discontinued. The injured worker reported Protonix to be beneficial in combatting GI distress secondary to oral medications. The initial request was noncertified on 06/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pantoprazole (Protonix) 20mg (unspecified quantity), (DOS: 3/6/14):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s):.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal anti-inflammatory drug use. As noted in the clinical documentation the injured worker routinely complained of nausea, heartburn, abdominal pain, and melena with increase nausea and burping due to docusate sodium which was eventually discontinued. The injured worker reported Protonix to be beneficial in combatting GI distress secondary to oral medications. As such, the request for Retrospective Pantoprazole (Protonix) 20 milligrams unspecified quantity for date of service 3/6/14 is recommended as medically necessary.