

<b>Case Number:</b>	CM14-0016850		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/29/1997
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine & 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:

This patient is a 62-year-old female with a date of injury of 04/29/1997. The listed diagnoses per [REDACTED] are: 1. Left shoulder impingement, status post decompression. 2. Right shoulder impingement, status post arthroscopy. 3. Neck pain with muscle spasms. 4. Elements of depression, anxiety, and insomnia. According to report dated 01/02/2014 by [REDACTED], the patient presents with bilateral shoulder pain. The pain is radiated as 8/10. Patient is currently taking over-the-counter Tylenol as Tramadol has been denied. Patient is having some spasms as well as numbness and tingling. Examination revealed patient has bilateral upper extremities abduct to 85 degrees. Patient's medication regimen includes naproxen, Tylenol, Flexeril, Prilosec, and Dendracin lotion. The physician would like patient to also start Protonix 20 mg #60 to treat stomach upset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 PRESCRIPTION OF PROTONIX 20MG, QUANTITY: 60: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines (May 2009), NSAIDS, GI Symptoms & Car.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 69.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic bilateral shoulder pain. The physician is requesting Protonix 20 mg #60 to treat "stomach upset." The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the physician is requesting patient start Protonix for patient's upset stomach and it is noted the patient has been taking Naproxen. However, there are no discussions of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI -risk assessment. Recommendation is for denial. The request for Protonix 20mg, #60 is not medically necessary.