

<b>Case Number:</b>	CM14-0017601		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/28/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational 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 patient is an employee of [REDACTED] who has filed a claim for cervical spine sprain/strain, neck pain and low back pain associated with industrial injury date of 12/28/2007. The treatment to date has included lumbar epidural injections, left shoulder subacromial decompression, physical therapy, chiropractic sessions, and medications such as Tylenol 500 mg, Amlodipine 5mg, Atenolol 50 mg, Motrin, Ibuprofen, Zoloft, Zanaflex, Vicodin, Hydroxyzine, Prednisone and Protonix 40mg prescribed since 2013. The medical records from 2009-2013 were reviewed which revealed low back pain associated with headache. Her shoulder pain continues to be constant. Pain radiates to the left side of her neck and down into her left arm. Physical examination showed tenderness in the trapezial border on the left side which extends up to the posterior neck and occipital region. Range of motion of the cervical spine is limited. Left shoulder examination showed pain in both anterior, posterior musculature and subacromially with weakness. Lumbar spine was tender with limited painful range of motion and paravertebral muscular tension. MRI of the lumbar spine, dated 10/22/13, revealed 3mm left paracentral disc protrusion at L4-L5 with moderate left neural foraminal narrowing. Utilization review from January 24, 2014 denied the request for Protonix 40mg #60 because patient has no risk for gastrointestinal events.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTANIX 40MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs Page(s): 68.

**Decision rationale:** As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the rationale given for this medication is to avoid gastritis associated with long-term medication use. However, the patient has no subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use for Protonix. The medical records do not indicate that the patient has risk factors for any gastrointestinal events. Therefore, the request for Protonix 40 mg #60 is not medically necessary.