

<b>Case Number:</b>	CM14-0128394		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 30-year-old male was reportedly injured on 2/10/2011. The mechanism of injury was noted as a fall. The most recent progress note, dated 7/8/2014, indicated that there were ongoing complaints of neck pain that radiated into the right shoulder. The physical examination demonstrated the patient is alert and oriented, and no abnormalities with gait. Normal muscle tone was without atrophy in bilateral upper and lower extremities. Diagnostic imaging studies included an EMG of the bilateral upper extremities done on 5/9/2014, which revealed C6 radiculopathy. Previous treatment included medications and conservative treatment. A request had been made for Protonix 20 mg #60 and was determined not medically necessary in the pre-authorization process on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (Protonix) 20mg Quantity: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of gastrointestinal (GI) distress, which would require PPI treatment. It is noted the patient does complain of heartburn in the review of systems, but nothing is mentioned in the HPI or physical exam section. As such, this request is not considered medically necessary.