

<b>Case Number:</b>	CM14-0064806		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 11/3/2011. She was diagnosed with cervical pain, cervical radiculopathy, shoulder pain, and low back pain. She was treated with various medications, including topical analgesics, NSAIDs, Protonix, Gabapentin, sleep aids, opioids, muscle relaxants, and antidepressants. She was also treated with TENS unit, acupuncture, massage therapy, trigger point injections, and physical therapy. She was able to return to work at nearly full time, but continued to experience chronic pain. On 4/17/14, the worker was seen by her primary treating physician complaining of her neck pain rated at a 3/10 on the pain scale with her medication use and 8/10 on the pain scale without the medications. She reported no side effects from her medications. Her reported medications she had been taking included Voltaren gel, Imodium, Ultram, Ambien, Motrin, Protonix, Gabapentin, Lidoderm patch, Atenolol, Cozaar, Flexeril, Glipizide, and Simvastatin. She was then recommended to continue her then current medications, including her Protonix as well as receive a trigger point injections, continue her TENS unit, and follow through with massage therapy. Her Protonix was reportedly being used for the "treatment of GI upset secondary to NSAIDS and pain medications."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg, quantity: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there is not any evidence that the worker was at a high risk for a gastrointestinal event, besides her NSAID use. However, her Motrin use would be considered moderate dosing (not high). Also, her NSAID use is relatively contraindicated considering her high blood pressure and high cholesterol. Using NSAIDs may increase cardiovascular risk even more. Without NSAIDs, the need for a proton pump inhibitor is even less necessary. Also, there are over the counter antacids that may be lower risk and less expensive. Therefore, the Protonix is not medically necessary.