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| <b>Case Number:</b>   | CM14-0071566 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 07/29/2010 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/17/2014 |

### 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 Illinois. 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 61-year-old male who reported an injury due to a backwards fall on 07/29/2010. On 04/30/2014, his complaints included right sided neck pain radiating to the right shoulder, arm and wrist. He had numbness in the tips of the 3rd digits bilaterally. Additionally, he complained of thoracic and lumbar pain which were under fairly good control with chiropractic treatments. He rated his neck pain from 3/10 to 6/10 with medications. His medications included Norco 10/325 mg, Flexeril 10 mg, Soma 350 mg, nortriptyline 25 mg, Reglan 5 mg, Ambien 10 mg, Naprosyn 550 mg, and Terocin topical solution. In the treatment plan it was noted that he had been on anti-inflammatories on a regular basis for years and that he was very high risk for GI complications. Thus, Protonix 20 mg was prescribed. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 milligrams two PO (by mouth) QID (4 X's per day) PRN (as needed) Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (Proton Pump Inhibitor) Page(s): Pages: 68-69.

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

**Decision rationale:** California MTUS Guidelines suggest that proton pump inhibitors, which include Protonix, may be recommended but clinicians should weigh the indications for NSAIDs against GI risk factors. The factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. Protonix treats gastroesophageal reflux disease and damage to the esophagus (esophagitis), Helicobacter infections, and high levels of acid in the stomach caused by tumors. This injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the prescription and recommendations in the treatment plan were for this worker to take 2 tablets daily. This request is for as many as 8 tablets daily. Additionally, if this were a 30 day supply the quantity would have to be 240 based on the directions in the request rather than 60, which would be the correct amount if the directions specified 2 tablets per day. The clinical information submitted failed to meet the evidence based guidelines for this medication. Therefore, this request for Protonix 20 milligrams two PO (by mouth) QID (4 X's per day) PRN (as needed) quantity 60 is not medically necessary.