

<b>Case Number:</b>	CM14-0072048		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/26/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 43-year-old male who has submitted a claim for right acromioclavicular joint arthritis/impingement syndrome, cervical disks degeneration with mild foramina stenosis, right cervical radiculopathy, right lumbar radiculopathy, GERD, and major depression associated with an industrial injury date of 11/26/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain radiating to the right upper extremity, rated 7/10 in severity. Patient likewise reported persistent right shoulder pain, which was post operative in nature. Patient continued to have low back pain radiating to the right lower extremity, rated 8/10 in severity. There was likewise left middle trigger finger. Patient had symptoms of depression. Physical examination showed tenderness and restricted motion of the cervical spine. Sensation was diminished at right C8 dermatome. Motor strength of right upper extremity muscles was graded 4/5. Reflexes were intact. Cervical distraction test relieved patient's symptoms. Range of motion of the right shoulder was restricted on all planes. His facial expressions suggested anxiety, fear, depression, anger, and hostility. Treatment to date has included right shoulder arthroscopy with acromioplasty and distal clavicle resection on 11/15/2013, psychotherapy, physical therapy and medications such as lisinopril, gabapentin, pantoprazole for GERD (since 2013), Zoloft, and Restoril (since March 2014). Utilization review from 5/15/2014 denied the request for Protonix 20mg 1 orally 2 times per day #60. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg 1 orally 2 times per day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, NSAIDS, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS 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. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been prescribed pantoprazole since 2013 for GERD. However, the most recent progress reports failed to provide evidence of ongoing symptoms of gastrointestinal upset. Moreover, response to proton pump inhibitor was not documented. The medical necessity cannot be established due to insufficient information. Therefore, the request for Protonix 20mg 1 orally 2 times per day #60 is not medically necessary.