

<b>Case Number:</b>	CM14-0188564		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Pain 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 claimant is a 41 year old female who had a slip on fall type injury. The injured worker's original date of injury was July 25, 2012. The industrial diagnoses include chronic neck pain, cervical degenerative disc disease, left wrist pain, median nerve neuritis, and cervical disc herniation. The diagnostic workup to date has included MRI of the cervical spine which documented a 2.2 mm disc herniation at C3-C4, disc herniation at C4-5, and disc herniation at C5-6. The injured worker has attended work hardening for four sessions from January to February 2014. According to a progress note on date of service April 3, 2014, the patient had attended three sessions of physical therapy and shown significant improvements. Other conservative therapies include pain medications such as hydrocodone. The functional improvement documented includes being able to "work longer without pain" and improved sleep. There is documentation in a progress note from date of service April 3, 2014 that the patient has gastritis. The disputed issue is a request for Protonix. Utilization review determination on October 10, 2014 had non-certified this request. The rationale for this denial was that there was an issue with causality and insufficient documentation from being September 19, 2014 progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg tab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** In the case of this injured worker, there is documentation of gastritis in a progress note on September 19, 2014. There are previous notes that specify that this gastritis was medication induced. However, there is no specific rationale or history related to this gastritis that clearly identifies the underlying cause. Without a more thorough gastroenterology work up, the request for a proton pump inhibitor is not medically necessary.