

<b>Case Number:</b>	CM15-0002370		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 44 year old female, who sustained an industrial injury on 01/05/2010. She has reported pain in cervical spine, lumbar spine, bilateral shoulders and right hand that was rated as a 5/10 with medications. The diagnoses have included cervical spine discopathy, cervical spine facet arthropathy, cervical radiculopathy, bilateral shoulder impingement, lumbar spine discopathy, lumbar facet arthropathy, lumbar radiculopathy, and sacroiliac joint arthropathy. Treatment to date has included oral pain medications, epidural steroid injections, treatment with a pain specialist, physical therapy and non-strenuous aerobic activity. Currently, the IW complains of moderate to severe pain in the neck with radiation to the bilateral upper extremities, and back pain with pain traveling to both legs. There is mention of stomach irritation secondary to medication use. She was started on Protonix in June of 2014 due to the stomach irritation. On 12/08/2014 Utilization Review non-certified a retrospective request for Protonix 20mg #30 DOS:10/02/14, noting the clinical information submitted for review fails to meet evidence based guidelines for the requested service as there was not a clear indication for this medication's use since there is no documented history of gastrointestinal events. The MTUS, Chronic Pain Guidelines were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of the non-certified and modified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Protonix 20mg #30 DOS:10/02/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** Per the MTUS, clinicians should weigh the indications for NSAID's against both GI and cardiovascular risk factors and determine if the patient is at risk for gastrointestinal events based on specific criteria which include, age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA corticosteroids and /or anticoagulant and multiple /high dose NSAID's. A review of the injured workers medical records show a history of stomach upset with medication use in the past, however a review of her current medication list does not show that she is on any NSAID's and she also does not meet the criteria for PPI use as described in the MTUS. Therefore based on her current clinical presentation and the guidelines the request for Retrospective Protonix 20mg #30 is not medically necessary.