

<b>Case Number:</b>	CM15-0004391		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male with an industrial injury dated November 6, 2013. The injured worker diagnoses included a discogenic cervical condition with facet inflammation, shoulder girdle involvement, headaches, status post-concussion, right shoulder impingement, rotator cuff strain acromioclavicular joint inflammation and biceptal tendonitis. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 12/4/2014, the injured worker reports pain in the right shoulder, right elbow, neck and headaches with numbness and tingling on the right side of face. Objective findings revealed tenderness along the cervical and lumbar paraspinal muscles bilaterally. Treating physician noted pain along the right shoulder, rotator cuff and biceps tendon. The treating physician prescribed Protonix 20mg #60 for upset stomach. He had been on Fenoprofen, Topamax, Trazadone and Norco. Utilization Review determination on December 23, 2014 denied the request for Protonix 20mg #60, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on NSAIDs for several months and recently in combination with opioids. There was no indication for combining multiple classes of medications which would inherently create GI side effects. There was no mention of an abnormal GI/Rectal exam or subjective complaints suggesting high risk events. Therefore, the continued use of Protonix is not medically necessary.