

<b>Case Number:</b>	CM15-0005248		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male, who sustained an industrial injury on September 30, 2011. The details of the injury and immediate symptoms were not documented in the reviewed medical record. He has reported neck pain with radiation to the arms, and lower back pain with radiation to the right leg. The diagnoses have included intervertebral lumbar disc disorder with myelopathy, cervical myoligamentous injury with cervical radiculopathy, lumbar myoligamentous injury with radiculopathy, and right shoulder myoligamentous injury with AC joint arthropathy. Treatment to date has included cervical epidural steroid injection, lumbar epidural steroid injection, medications, right shoulder arthroscopy and imaging studies. Currently, the injured worker complains of continued neck pain with radiation to the arms, and lower back pain with radiation to the right leg. The treating physician is requesting a prescription for Protonix. The reason for the prescription was not provided in the documentation. On December 20, 2014 Utilization Review non-certified the request for a prescription for Protonix noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds x1 Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Weaning of Medicat.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with neck pain, arm pain, right leg pain. The treater has asked for MEDS X 1 PROTONIX 20MG #60 on 12/9/14. Patient has been taking Prilosec from 7/23/14 to 10/16/14 reports. The patient is currently taking Prilosec per 12/9/14 report "since he continues to experience occasional GI upset." Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. There are no diagnoses of GERD, gastritis or PUD. While the treater states that this medication is used for "occasional GI upset" there is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for more than 4 months, and the treater does not discuss why he is switching from Prilosec to Protonix. The request IS NOT medically necessary.