

Case Number:	CM15-0180977		
Date Assigned:	09/22/2015	Date of Injury:	01/13/2013
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 61 year old female, who sustained an industrial injury on January 13, 2013. The injured worker was diagnosed as having discogenic cervical condition with facets as noted on magnetic resonance imaging, status post injection at the cervical six to seven and cervical seven to thoracic one on the left, headaches, impingement of the left shoulder, status post one injection on August 2013, chronic pain syndrome with associated elements of sleep disorder, stress, and depression. Treatment and diagnostic studies to date has included medication regimen, use of a transcutaneous electrical nerve stimulation unit, electromyogram with nerve conduction velocity to the cervical spine and the upper extremity, functional capacity evaluation, physical therapy, magnetic resonance imaging of the cervical spine, facet joint medial branch blocks, and multiple injections. In a progress note dated August 20, 2015 the treating physician reports complaints of continued pain, stiffness, and spasms to the neck that radiates to the shoulders down to the back, along with headaches and pain to the left shoulder with stiffness and decreased range of motion to the left shoulder. Examination performed on August 20, 2015 was revealing for tenderness to the cervical paraspinal muscles and trigger points to the trapezius muscles. Examination performed on August 20, 2015 did not report any documentation of gastrointestinal symptoms. On August 20, 2015, the injured worker's current medication regimen included Trazodone, Effexor, Protonix, Naproxen, and Ultracet. The progress note from July 21, 2015 noted a prescription for Aciphex for gastritis, but the progress note did not report any gastrointestinal symptoms. On August 20, 2015, the treating physician

requested Protonix 20mg with a quantity of thirty for stomach upset. On September 02, 2015, the Utilization Review denied the request for Protonix 20mg with a quantity of thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is pantoprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.