

<b>Case Number:</b>	CM15-0182192		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female, who sustained an industrial injury on 09-17-2002. The injured worker is currently "capable of modified duty with restrictions" and remains permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for C6-C7 disc protrusion with left C7 radiculopathy. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit and medications. Current medications include Protonix and Advil. In a progress note dated 09-01-2015, the injured worker reported neck pain that radiates to her pectoralis and shoulder as well as to her head. Objective findings included cervical flexion 50 degrees causes a pull in the left anterior shoulder and extension 30 degrees causes upper back pain. The request for authorization dated 09-01-2015 requested Protonix 20mg 2 tablets every morning #60 and Advil 600mg twice daily #60. The Utilization Review with a decision date of 09-09-2015 non-certified the request for Advil 600mg #60 and Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Advil 600mg #60:** 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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2002 and continues to be treated for radiating neck pain. When seen, there was decreased and painful cervical spine range of motion with mild left upper extremity weakness. Advil 600 mg BID. Continued use of TENS was recommended. Protonix was being prescribed to reduce gastrointestinal side effects from the Advil. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Advil (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

**Protenix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2002 and continues to be treated for radiating neck pain. When seen, there was decreased and painful cervical spine range of motion with mild left upper extremity weakness. Advil 600 mg BID. Continued use of TENS was recommended. Protonix was being prescribed to reduce gastrointestinal side effects from the Advil. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Advil at the recommended dose and has a history of gastrointestinal upset. However, Protonix (pantoprazole) is not a first-line agent and there is no evidence of a trial and failure of recommended proton pump inhibitor therapy. The request is not considered medically necessary.