

<b>Case Number:</b>	CM15-0198145		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/05/1998
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: California, North Carolina  
 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 60 year old, female who sustained a work related injury on 6-5-98. A review of the medical records shows she is being treated for neck and arm pain. Treatments have included medications. Current medications include Zolpidem, Docuprene, Cyclobenzaprine, Protonix, Ketamine cream and Hydrocodone-acetaminophen. In the Utilization Review Treatment Appeal note dated 8-28-15, the injured worker reports neck pain with radiation into both arms. She reports she is using her medications to manage her pain. She states it does not take away all of her pain but reduces it by "50%" so she can sleep and get through her activities of daily living. She does not report any gastrointestinal problems or issues. The physician provider states "please note that the patient does complain of heartburn, nausea and abdominal pain secondary to the use of oral medications. The patient is currently using opioid (Norco). Opioids can cause GI distress and therefore, the is at risk for gastrointestinal complications. The concurrent use of Protonix along with oral medications prevents the GI side effects." She did try Omeprazole but she did not find it beneficial with her GI symptoms. On physical exam dated 8-28-15, there is no gastrointestinal physical exam done. She is not working. The treatment plan includes a request for prescription refills. In the Utilization Review dated 9-10-15, the requested treatment of Protonix 20mg. #60 is not medically necessary.

### 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 Medical Treatment 2009.

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

**Decision rationale:** Protonix is a proton pump inhibitor (PPI) used for treating patients with GI complaints and diagnoses such as peptic ulcer disease, gastritis, esophagitis, and GERD. PPIs are also used to treat dyspepsia associated with the use of NSAIDs. In these cases, the patient does not have a diagnosis of any of the conditions listed above and is not taking an NSAID. The patient does not have any risk factors for an adverse GI event. At a recent visit on 8/28/2015, the patient did not complain of GI symptoms and no evaluation of her GI system was performed. A note by her physician accompanying the request states, however, that the patient suffers from heartburn, nausea and abdominal pain secondary to her use of oral medications. It is not specified oral medication(s) is responsible for the GI distress, nor has any consideration been given to discontinuing her routine medications in a systematic fashion to determine the cause of the GI distress and recommend alternative choices. Therefore, based on the above findings, the request is not medically necessary or appropriate.