

<b>Case Number:</b>	CM15-0030310		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 62 year old female, who sustained a work/ industrial injury on 8/16/10 as an instructor. She has reported symptoms of pain to neck, mid back, right shoulder along with headaches. Prior medical history includes thyroid disease, post traumatic stress disorder, Hepatitis C, along with gastrointestinal issues. The diagnoses have included chronic neck pain, right cervical trapezial strain, right shoulder and parathoracic strain, myofascial pain syndrome, and right sided C4 radiculopathy. Treatments to date included medication, cervical facet injections and pulse radiofrequency lesioning. Diagnostics included a Magnetic Resonance Imaging (MRI) of the cervical spine noted anterolisthesis by 3 mm of C3 on C4 with edema to the right C3-4 pedicles and facet joint, possibly related to microtrabecular fracture and recent injury, may represent a degenerative process. C3-4 2.9 mm disc osteophyte complex with slight flattening of the ventral spinal cord and narrowing of the neural foramina, (R>L). Medications included Neurontin, Norco, Percocet and topical creams. On 2/7/15, Utilization Review non-certified Protonix 40mg #30, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 40 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical discogenic disease; and cervical facet syndrome. There was no documentation of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin etc. The injured worker is not taking any nonsteroidal anti-inflammatory drugs. There are no comorbid conditions or risk factors putting the injured worker at risk for gastrointestinal related events. The treating physician states the injured worker takes Protonix for the upset stomach that accompanies use of pain medications. Protonix is not indicated for the upset stomach that accompanies pain medications (Non NSAID type drugs). The analgesic medication list includes Percocet, Norco and Neurontin. Consequently, absent compelling clinical documentation to support Protonix 40 mg with risk factors for gastrointestinal events in addition to nonsteroidal anti-inflammatory drug use, Protonix 40mg #30 is not medically necessary.