

<b>Case Number:</b>	CM15-0051650		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 8, 2013. In a Utilization Review report dated March 5, 2015, the claims administrator approved a request for Naprosyn and Flexeril while denying Protonix. A progress note dated February 13, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 13, 2015, the applicant reported ongoing complaints of neck pain, low back pain, bilateral shoulder pain, and bilateral knee pain. The applicant was placed off of work, on total temporary disability. Injections of Toradol, Decadron, and Depo-Medrol were endorsed, while Naprosyn, Flexeril, and Protonix were dispensed. No discussion of medication efficacy transpired. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Protonix 20mg #60 (DOS 2/13/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, evident on the February 13, 2015 office visit in question. The MTUS Guidelines in ACOEM Chapter 3, page 47 further stipulates that attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it is prescribed into his choice of recommendations. Here, again the attending provider did not state whether or not Protonix was or not effective for whatever purpose it was/is being employed here. Therefore, the request was not medically necessary.