

<b>Case Number:</b>	CM15-0010812		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/08/1988
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Ohio, 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:

This 58 year old male sustained an industrial injury on 7/8/88. He subsequently reports chronic back, shoulder and upper extremity pain. An MRI report dated 6/27/11 showing cervical abnormalities was included in the case file. Recent medical treatments include injections, physical therapy medications including Norco and Celebrex. The UR decision dated 12/26/14 non-certified Protonix 20MG #30, 1 Once a Day, Refills-1. The Protonix 20MG #30, 1 Once a Day, Refills-1 was denied based on CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg quantity 30 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

**Decision rationale:** FILE NUMBER: CM15-0010812 CLINICAL SUMMARY: The applicant is a represented 58-year-old who has filed a claim for chronic low back, shoulder, neck, and

upper extremity pain reportedly associated with an industrial injury of July 8, 1988. In a Utilization Review Report dated December 26, 2014, the claims administrator failed to approve a request for Protonix, a proton pump inhibitor. The claims administrator referenced an RFA form received on September 18, 2014 in its determination. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported multifocal complaints of neck, low back, shoulder, and elbow pain. The applicant had retired. Multifocal pain complaints were evident. The applicant stated that his GI symptoms had been effectively controlled through usage of Protonix. The applicant was also using Motrin and Celebrex occasionally. The applicant stated that he was using Norco for more severe pain. The applicant was given a prior operative diagnosis of fibromyalgia. The applicant had issues with insomnia and psychological stress, it was further noted.

**REFERRAL QUESTIONS:**1. Yes, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, as were evident on the December 18, 2014 office visit on which Protonix was renewed. The attending provider contended that the applicant's GI symptoms have been effectively attenuated following introduction of Protonix. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**REFERENCES:**MTUS Chronic Pain Medical Treatment Guidelines, page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic.