

<b>Case Number:</b>	CM15-0019918		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

This 43-year-old female reported a work-related injury on 6/26/2012. According to the progress notes from the treating provider dated 2/2/2015, the diagnoses are disc herniation with neurological deficits, musculoligamentous sprain/strain - cervical spine, and lumbar strain with multi level degenerative disc disease. She reports neck and trapezius muscle stiffness and increasing low back pain. Previous treatments include medications, physical therapy, chiropractic treatment and surgery. The treating provider requests retrospective Protonix 20mg/cap; 1 cap bid #60. The Utilization Review on 12/31/2014 non-certified retrospective Protonix 20mg/cap; 1 cap bid #60, citing CA MTUS Chronic Pain Medical Treatment guidelines and ODG-TWC recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

**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, retrospective Protonix 20 mg #60 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 disc herniation C-5 - C6 with neurologic deficit; musculoligamentous sprain - strain cervical spine; lumbar strain with multilevel degenerative disc disease. The documentation according to a December 8, 2014 progress note indicates the injured worker has a history of gastritis with nonsteroidal anti-inflammatory drugs. As a result, Protonix is indicated as long as the injured worker is on nonsteroidal anti-inflammatory drugs. The dosing is incorrect. Protonix is a long acting proton pump inhibitor. It is properly dosed once per day. Consequently, absent compelling clinical documentation with a rationale for b.i.d. dosing, retrospective Protonix 20 mg #60 (bid) is not medically necessary.