MAXIMUS Federal Services

| Case Number: | CM15-0063792 | | |
|---|---|---|---|
| Date Assigned: | 04/09/2015 | Date of Injury: | 04/26/2010 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

## 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 56-year-old who has filed a claim for chronic neck, mid back, low back, hand, and finger pain reportedly associated with an industrial injury of April 26, 2010. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for Protonix. A RFA form dated February 27, 2015 was referenced in the determination. A progress note of February 9, 2015 was also referenced. The claims administrator contented that the attending provider had failed to outline any evidence that the applicant was personally experiencing any symptoms of dyspepsia. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of neck, shoulder, mid back, and wrist pain. The applicant was given prescription for Protonix. It was not stated for what purpose Protonix was endorsed. The applicant was not working, the treating provider acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS 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 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Protonix are indicated to combat issues with 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, on the February 9, 2015 progress note on which Protonix was prescribed. Therefore, the request was not medically necessary.