

<b>Case Number:</b>	CM14-0118617		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/21/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 yr. old female claimant sustained a work injury on 1/21/07 involving the neck, shoulders and wrist. She was diagnosed with cervical disc displacement, shoulder pain and underwent arthroscopy and carpal tunnel syndrome. A progress note on 5/22/14 treatment are as follows; Tylenol # 3, ice, and topical Diclofenac cream. The Tylenol #3 had caused her constipation. At the time she denied any gastric reflux or dyspepsia. Exam findings were notable for reduced strength in the upper extremities and spasms in the trapezial region. She was continued on Tylenol # 3. Docusate was given for managing constipation. In addition, she was given Lidoderm patches, Aspirin, and Protonix. She had been indicated the claimant had continued neck and shoulder pain. She had been using on the Tylenol #3 several months and remained on it until at least July 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids and 68-69 Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The examination and review of systems did not note any dyspepsia. Therefore, the continued use of Protonix is not medically necessary.

**Tylenol No.3 - Acetaminophen with codine #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

**Decision rationale:** Tylenol #3 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Tylenol #3 for months without significant improvement in pain or function. She had been developing constipation as well. There is no documentation of failure of Tylenol alone or NSAIDs. The continued use of Tylenol #3 is not medically necessary.