

<b>Case Number:</b>	CM14-0082438		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 52-year-old female who has submitted a claim for wrist sprain NOS, ligament radial tear with median nerve inflammation, extensor carpi ulnaris tenosynovitis, ganglion cyst along scapholunate area, and s/p triangular fibrocartilage complex repair associated with an industrial injury date of June 18, 2012. Medical records from February 11, 2014 up to April 22, 2014 were reviewed showing painful fingertips with associated numbness and pain upon movement. According to progress report date April 22, 2014 patient appeared to be developing RSD. Examination of wrist revealed tenderness and edema extending to fingers, hand, and forearm with no drainage. Fluoroscopy showed no significant findings. Treatment to date has included Protonix 20mg, Norco, naproxen, gabapentin, tramadol, arthroscopy, synovectomy, and debridement after TFCC ligament repair. Utilization review from May 6, 2014 denied the request for Protonix 20 mg #60. There is no documentation of a history of GI problems related to medication use that would warrant the request for Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients with complaints of gastritis, GERD or dyspepsia. Prophylactic use is supported by CA MTUS when specific criteria are met, which include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient has been taking Protonix 20mg since February 11, 2014. There was no documentation of GI upset or any signs of GERD in the patient's history. Therefore, the request for Protonix 20 MG #60 is not medically necessary.