

<b>Case Number:</b>	CM14-0096398		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/22/2000
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Physical Medicine & Rehabilitation 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:

The patient is a 62 year old male with date of injury 3/22/00, who injured his right shoulder while pulling a tandem pin on the trailer. The treating physician report dated 5/27/14 was commented on in the utilization review report dated 6/14/14. The treating physician report was of 6/14/2014 not available for review. The 5/27/14 report indicates that the patient presented with an acute exacerbation of right shoulder pain. The physical exam was significant for tenderness in the shoulder girdles bilaterally. There were moderate spasms noted. The treating physician prescribed Tramadol 50 mg #90, Protonix 20 mg #60 and Naproxen sodium 550 mg #60. In April 2002, a right shoulder arthroscopy and distal clavicle resection was performed. The current diagnoses are status post right rotator cuff repair x2, right/left shoulder impingement, right wrist tendinitis and dyspepsia. The utilization review report dated 6/14/14 modified the request for Protonix 20 mg #60 to Protonix 20 mg #30 based on MTUS Guidelines. Request is for Protonix 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The patient presents with a recent exacerbation of right shoulder pain. The current request is for Protonix 20 mg #60. In review of the medical reports provided the physician has prescribed Protonix secondary to chronic usage of NSAIDS. The treating physician has diagnosed the patient with dyspepsia and has recommended Protonix, which helps the patient's condition. The MTUS Guidelines support the usage of Protonix for treatment of dyspepsia therefore the request for Protonix 20 mg #60 is medically necessary.