

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0161590 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 08/30/2011 |
| <b>Decision Date:</b> | 01/28/2015   | <b>UR Denial Date:</b>       | 09/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2014 |

### 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 Emergency Medicine 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:

Patient with reported date of injury on 8/30/2011. Injury was to R hand while moving meal plates. Patient has a diagnosis of deQuervain's tenosynovitis and R carpal tunnel syndrome. Medical reports reviewed. Last report available until 9/11/14. Patient complains of pain to R thumb/wrist with occasional numbness. Objective exam reveals R wrist pain with pain mostly to thumb base and pain with extension. Pain noted with A1 pull extension of R thumb. Finkelstein's test is positive. MRI of R hand/wrist(8/7/13) revealed focal area within proximal portion of proximal phalanx of 4th finger that could represent a cyst. Mild fluid noted in ulnocarpal and radiocarpal joints surrounding triangular fibrocartilage complex. Current medications include Naproxen, Tramadol, Protonix and Lidoderm patch. Independent Medical Review is for Protonix 40mg #30. Prior UR on 9/4/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Protonix is a proton-pump inhibitor used for dyspepsia from non-steroidal anti-inflammatory drug (NSAID) use or gastritis/peptic ulcer disease. As per California MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is on Naproxen. Protonix is not medically necessary.