

<b>Case Number:</b>	CM14-0188862		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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:

This is a 44 year old male patient who sustained an injury on 9/27/2012. He sustained the injury due to repetitive motion. The diagnoses include left shoulder impingement with rotator cuff strain and bicipital tendinitis, left lateral epicondylitis, right flexor carpi radialis synovitis with inflammation at the carpometacarpal and scaphotrapezoid-trapezoidal joint, left stenosing tenosynovitis from long finger, and depression, stress, weight gain, and sleep dysfunction. Per the doctor's note dated 9/26/2014, the patient had complained of left shoulder pain, left elbow pain, bilateral hand pain, bilateral wrist pain, and numbness and tingling in the left hand. The physical examination revealed blood pressure- 140/90 mmHg, no acute distress, slightly overweight, decreased left upper extremity range of motion, decreased bilateral wrist range of motion, and no swelling in the wrists or hands. The current medication list includes tramadol and protonix. Previous medications list includes diclofenac, HCTZ, norco, prilosec, nortriptyline, cyclobenzaprine, naproxen and iodine. He has history of gastroesophageal reflux disease. He has had left shoulder MRI dated 1/29/2014 which revealed degenerative changes at the glenohumeral joint, probable degenerative changes at the acromioclavicular joint with impingement upon the supraspinatus muscle tendon junction and possible adhesive capsulitis; EMG/NCS which revealed mild bilateral carpal tunnel syndrome. He has had psychotherapy visits, left shoulder cortisone injection, aqua therapy, physical therapy and TENS for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Protonix contains pantoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Per the records provided patient has history of gastroesophageal reflux disease. There is no evidence in the records provided that the patient has currently had any abdominal symptoms. The pt's current medication list does not include NSAIDS. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of 1 prescription of Protonix 20mg #60 is not established for this patient.