

<b>Case Number:</b>	CM15-0131617		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 48-year-old female patient who sustained an industrial injury on 4-29-11. Diagnoses include lesion-ulnar nerve, epicondylitis lateral, lesion radial nerve, and syndrome cervicobrachial. Per the doctor's note dated 7/16/15, she had complaints of right upper extremity pain. Per the visit note dated 5-19-15, she was seen for persistent right upper extremity pain. Patient denied heartburn, nausea or abdominal pain. The physical examination revealed right shoulder- tenderness, decreased range of motion and positive Impingement sign; right elbow-tenderness and pain with full extension. The current medications list includes Pantoprazole-protonix 20mg, one twice a day as need for gastrointestinal upset, Tramadol, Lidoderm patch, Cyclobenzaprine, Ketamine, Diclofenec, Norethindrone, Sertraline HCL, and Nortriptyline. She takes Tramadol 37.5-325mg 1 tablet every 8 hours as needed for pain. She has improvement in her activities of daily living with the medication. In a visit note dated 4-21-15, the physician reports she is using Ultram for pain and Lidoderm patches and Protonix for gastrointestinal side effects. She has had right upper extremity MRI on 6/16/2015. Work status is that she is permanent and stationary and is to return to full duty without restrictions. The requested treatment is Pantoprazole-Protonix 20mg #60, 1 tablet twice a day, 30 day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole/Prontonix 20mg #60 (1 tab po BID 30day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** Pantoprazole/Prontonix 20mg #60 (1 tab po BID 30 day supply). Pantoprazole 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 anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the current records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any current objective evidence of gastrointenstinal disorders, gastrointenstinal bleeding or peptic ulcer. The medical necessity of Pantoprazole/Prontonix 20mg #60 (1 tab po BID 30 day supply) is not established for this patient.