

<b>Case Number:</b>	CM15-0134256		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male sustained an industrial injury on 9/03/10. He subsequently reported right hand and wrist pain. Diagnoses include pain in joint involving hand. Treatments to date include nerve conduction and MRI testing, injections, wrist brace, physical therapy and prescription pain medications. The injured worker continues to experience right wrist pain that causes numbness and tingling into the fingers. Upon examination, there was tenderness and reduced mobility noted in the right hand. A request for Pantoprazole-Protonix 20mg #60 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in September 2010 and continues to be treated for chronic right wrist pain. When seen, pain was rated at 7/10. He was having intermittent numbness and tingling into his fingers. Physical examination findings included decreased right upper extremity strength. Medications were refilled. Relafen was prescribed. Protonix was being prescribed for prophylaxis. The claimant has a past medical history of headaches and diabetes and review of systems has been negative for gastrointestinal problems. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Protonix (pantoprazole) was not medically necessary.