

<b>Case Number:</b>	CM15-0142461		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow, hand, and forearm pain reportedly associated with an industrial injury of April 8, 2013. In a Utilization Review report dated July 10, 2015, the claims administrator partially approved a request for trazodone while denying a request for Protonix outright. The claims administrator referenced a June 23, 2015 progress note in its determination, along with an associated RFA form dated July 8, 2015. The applicant's attorney subsequently appealed. In an RFA form dated August 4, 2015, trazodone, Tramadol, and Protonix were appealed. In an appeal letter dated August 12, 2015, the attending provider contended that the claims administrator's denials of Protonix and trazodone were internally inconsistent. The attending provider contended that the applicant had issues with chronic pain, depression, and anxiety, all of which were acting in concert to generate symptoms of insomnia. The attending provider contended that the applicant's ability to sleep and/or issues with anxiety had been somewhat ameliorated as a result of ongoing trazodone usage. The attending provider stated in one section of his note that Protonix was being employed for cytoprotective effect while other sections of his note suggested that Protonix was being employed for actual symptoms of dyspepsia. The bulk of the documentation, however, seemingly suggested that Protonix was in fact employed for cytoprotective effect. On August 12, 2015, it was acknowledged that the applicant was off of work owing to ongoing complaints of neck, forearm, hand, wrist, and elbow pain. Medication selection and medication efficacy were not discussed or detailed. On July 20, 2015, the attending provider stated that trazodone was ameliorating the applicant's ability to

sleep throughout the night in one section of the note, while another section stated that the applicant reported heightened symptoms of depression and anxiety. The note was difficult to follow as it mingled historical issues with current issues. The applicant was on Protonix, Tramadol, Desyrel, naproxen, Neurontin, and topical capsaicin, it was reported. On this date, the attending provider contended that the applicant had developed actual symptoms of dyspepsia generated as a result of naproxen usage.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trazodone 50 mg Qty 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Sedating antidepressants.

**Decision rationale:** Yes, the request for Trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Trazodone may be helpful to alleviate symptoms of depression. Here, the applicant was described as having issues with depression, anxiety, and attendant symptoms of insomnia. The attending provider's appeal letter of August 12, 2015 suggested that Trazodone had attenuated some of the applicant's symptoms of anxiety and ameliorated the applicant's ability to sleep. ODGs Mental Illness and Stress Chapter Insomnia Treatment topic does state that sedating antidepressants such as Trazodone may be an option for applicants with insomnia with co-existent depression, as was reportedly present here. While it is acknowledged that portions of the attending provider's documentation were internally inconsistent, with some sections of his July 20, 2015 progress note stating that the applicant's depressive symptoms and anxiety were worsened, the bulk of the documentation on file, including the August 3, 2015 appeal letter, did seemingly suggest that the applicant's issues with anxiety and sleep had been ameliorated to some degree as a result of ongoing Trazodone usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

#### **Pantoprazole-Protonix 20 mg Qty 60: Overturned**

**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): 69.

**Decision rationale:** Similarly, the request for Protonix, a proton pump inhibitor, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are

indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here on July 20, 2015. The attending provider stated on that date that Protonix had been employed to combat actual symptoms of dyspepsia brought on by naproxen usage. The applicant's GI review of systems was positive for heartburn on that date, it was acknowledged. While it is acknowledged that some portions of the attending provider's documentation were, at times, internally inconsistent, with an appeal letter of August 3, 2015 suggesting that Protonix was being employed for cytoprotective effect as opposed to actual symptoms of reflux, all-in-all, the bulk of the documentation on file, including the July 20, 2015 progress note, seemingly established the presence of actual symptoms of NSAID-induced dyspepsia for which Protonix was indicated, per page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.