

<b>Case Number:</b>	CM15-0183214		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 54 year old male, who sustained an industrial injury on 7-26-11. The injured worker is being treated for left wrist strain with tendinitis and traumatic carpal tunnel syndrome and status post left carpal tunnel release. Treatment to date has included left carpal tunnel injection, left carpal tunnel release (1-28-15), post-operative physical therapy and activity modifications. On 8-20-15, the injured worker reports some morning triggering in left right finger and notes improvement in capacity to perform activities with use of the provided medications and some benefit from left carpal tunnel injection. Work status is noted to be modified duties. Physical exam performed on 8-20-15 revealed well healed surgical wounds, decreased in postoperative tenderness and swelling with mild residual left volar wrist tenderness, improved sensory function, full range of motion in digits and wrist and modest tenderness with crepitance and intermittent triggering present over the left ring finger flexor sheath. There is no documentation of an abdominal exam. The treatment plan included repeat injection to left hand, additional physical therapy, continued left wrist splinting and prescriptions for Naproxen 550mg #60, Protonix 20mg #60 and Ultram 150mg #60. On 9-4-15 a request for Protonix 20mg #60 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Pantoprazole: Drug Information, Topic 9474, version 167.0, Up-To-Date, accessed 08/21/2015.

**Decision rationale:** Protonix (pantoprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn and other symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing left finger triggering. These records described significant risk factors, and the worker required continued NSAID therapy despite them. However, the request did not specify the date of service being referenced, which would not allow for a complete determination of medical necessity. For these reasons, the current request for sixty tablets of Protonix (pantoprazole) 20mg for an unspecified DOS is not medically necessary.