

<b>Case Number:</b>	CM15-0193002		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on 4-4-2003. The medical records indicate that the injured worker is undergoing treatment for left carpal and cubital tunnel syndrome, bilateral medial epicondylitis, bilateral shoulder tendinopathy with impingement, cervical strain, history of bilateral knee strains, and status post left carpal and cubital decompression with release of the 1st dorsal compartment (8-12-2015). According to the progress report dated 9-18-2015, the injured worker presented for follow-up. She reports that the frequency of tingling and numbness in the left hand has decreased considerably following surgery. She notes modest residual weakness on the right side. The physical examination reveals mild induration over the surgical sites in the left arm. There is tenderness about both shoulders as well as localized to the right carpal and cubital tunnels. The current medications are Omeprazole (since at least 5-8-2015), Tramadol, Naproxen, and Temazepam. Previous diagnostic studies were not indicated. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as "currently treating under a stipulated award". The original utilization review (9-21-2015) had non-certified a retrospective request for Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix is pantoprazole, a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.