

<b>Case Number:</b>	CM15-0216902		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	04/17/1995
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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:

The injured worker is a 63 year old female who sustained an industrial injury on 4-17-95. The injured worker reported pain in the neck, shoulder and upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for pain in left shoulder, cervical disc displacement, intervertebral disc degeneration lumbosacral region, and lumbago with sciatica, contracture of muscle left shoulder and left lower leg and left middle finger trigger finger. Provider documentation dated 10-20-15 noted the work status as permanent and stationary. Treatment has included status post carpal tunnel release, wrist brace, paraffin wax treatments, magnetic resonance imaging, electrodiagnostic studies, Nabumetone-Relafen since at least April of 2015, Diclofenac cream since at least April of 2015, Hydrocodone since at least April of 2015, injection therapy, and radiographic studies. Objective findings dated 10-20-15 were notable for left middle finger triggering with flexion, tenderness to palpation to the 3rd digit MCP joint, left hand "diffuse" swelling at wrist, hand and fingers. The original utilization review (11-2-15) denied a request for Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

**Decision rationale:** The claimant has a remote history of a work injury in April 1995 and is being treated for neck, shoulder, and upper extremity pain. She has a history of bilateral carpal tunnel release surgeries and a right thumb trigger finger release. He also has a history of a hysterectomy with abdominal adhesions and intermittent bowel traction with obstruction. Medical conditions are hypertension, hyperlipidemia, seizures, and obesity. Medications are referenced as causing gastrointestinal upset. When seen, she had some gradual worsening of muscle tension and tightness in the back. She was having low back pain radiating to the right lower extremity. Pain was rated at 3/10. She was performing a home exercise program. Physical examination findings included morbid obesity. Medications were continued and included Relafen and Protonix. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Relafen (nabumetone) at the recommended dose and has a history of gastrointestinal upset and abdominal adhesions related to prior surgery. However, Protonix (pantoprazole) is not referenced in the MTUS guidelines and is not an ODG recommended first-line agent. There is no evidence of a trial and failure of a recommended proton pump inhibitor medication. The request is not medically necessary.