

<b>Case Number:</b>	CM15-0056833		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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(n) 57 year old male, who sustained an industrial injury on 1/8/13. He reported pain in his left shoulder related to lifting a heavy object. The injured worker was diagnosed as having rotator cuff tear and biceps partial tear. Treatment to date has included a left shoulder MRI, cortisone injection, rotator cuff repair on 1/10/14 and pain medication. As of the PR2 dated 3/3/15, the treating physician noted tenderness in the left shoulder and full range of motion. The injured worker was treated with a left shoulder cortisone injection at the previous visit and reports doing well post injection. The treatment plan includes continuing with oral medications and home exercise program. The treating physician requested to continue Protonix 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg, #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

**Decision rationale:** The patient is a 57 year old male with an injury on 01/08/2013. He had left shoulder pain. He had a rotator cuff repair on 01/10/2014. There is no documentation of a GI bleed or peptic ulcer disease. He is not 65 years of age or older and does not take anticoagulants. Protonix is a proton pump inhibitor (PPI) and he is not in the MTUS guideline high-risk group that requires treatment with PPI. Protonix is not medically necessary.