

<b>Case Number:</b>	CM15-0087052		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old female who sustained an industrial injury on 11/22/10. The mechanism of injury is unclear. She currently complains of right forearm and hand pain associated with movement and activity. She has occasional numbness and tingling causing weak grip strength. She has some restrictions in performing activities of daily living such as avoiding mopping. Medications are fluconazole, Carafate, pantoprazole, ondansetron, Tramadol. Diagnoses include obesity; tendonitis of the wrist; carpal tunnel syndrome on the right; carpometacarpal joint inflammation; trigger finger along the second and long fingers on the right; impingement syndrome of the left shoulder with rotator cuff strain. Treatments to date include medications, physical therapy with benefit, hot/ cold wrap, and transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the right elbow (6/5/14) unremarkable; MRI of the cervical spine (6/4/14) showing disc degeneration. Utilization Review dated 4/20/15 reviewed a request for Protonix 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/pantoprazole.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Protonix 20mg #60 is not medically necessary.