

<b>Case Number:</b>	CM14-0146829		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male with a date of injury on 08/30/2011. He felt pain in his right thumb while moving a steel plate. He had hand physical therapy, occupational therapy, medications (Tramadol, Naproxen, Lidocaine pad) and a referral to an orthopedist. On 05/22/2014 he was taking Naproxen. On 05/27/2014 he had his 37th visit of therapy. His pain was 4/10. On 07/01/2014 the patient had right thumb and right wrist pain. He had pain with right grasping 7/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 68..

**Decision rationale:** MTUS, Chronic Pain, NSAIDS notes that proton pump inhibitors are not recommended for patients on NSAIDS with no increased risk factor for bleeding: age greater than 65 years, peptic ulcer, GI bleed, concurrent use of ASA or anticoagulant. This patient has

no history of GI disease or symptoms documented. Continued use of Protonix is not consistent with MTUS guidelines.