

<b>Case Number:</b>	CM14-0212146		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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 patient is a 40-year-old male with injury date of 06/13/13. Based on the 09/11/14 progress report provided by treating physician, the patient complains of chronic upper extremity pain and continues to have shoulder pain. The patient is status-post shoulder surgery, date unspecified. Per operative report dated 11/11/14, patient underwent right submuscular ulnar nerve decompression and transposition, ulnar nerve block, and right flexor pronator tendon lengthening under regional anesthesia. Patient's medications include Naproxen, Protonix, Flexeril, Gabapentin and Docusate Sodium. Protonix and Docusate Sodium were included in progress reports dated 06/04/14 and 11/13/14. Norco is included in medications, per progress report dated 11/19/14. Per progress report dated 11/19/14, treater states that patient experiences nausea, heartburn and abdominal pain due to Naproxen. Patient is back to work with restrictions. Diagnosis 09/11/14-Pain in joint shoulder-Neck pain The utilization review determination being challenged is dated 12/02/14. The rationale follows: 1. PANTOPRAZOLE-PROTONIX 20mg #60: "... injured takes Naprosyn 1-2 times a day, not clear if any benefit, NSAID's are not prescribed..." 2. DOCUSATE SODIUM 100mg #60: "...no documentation of constipation or first line treatments, and that opiates are appropriate..." Treatment reports were provided from 06/04/14 - 11/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20mg #60: Overturned**

**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, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with chronic upper extremity pain and continues to have shoulder pain. The patient is status-post shoulder surgery, date unspecified. The request is for PANTOPRAZOLE-PROTONIX 20mg #60. Per operative report dated 11/11/14, patient underwent right submuscular ulnar nerve decompression and transposition, ulnar nerve block, and right flexor pronator tendon lengthening under regional anesthesia. Patient's medications include Naproxen, Protonix, Flexeril, Gabapentin and Docusate Sodium. Protonix and Docusate Sodium were included in progress reports dated 06/04/14 and 11/13/14. Patient is back to work with restrictions. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per progress report dated 11/19/14, treater states that patient experiences nausea, heartburn and abdominal pain due to Naproxen. Prophylactic use of PPI is indicated by MTUS, when appropriated risk is documented. Treater has discussed GI risk and patient is prescribed Naprosyn. Therefore, the request for Protonix IS medically necessary.

**Docusate Sodium 100mg #60: Overturned**

**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 Regarding constipation Page(s): 77.

**Decision rationale:** The patient presents with chronic upper extremity pain and continues to have shoulder pain. The patient is status-post shoulder surgery, date unspecified. The request is for DOCUSATE SODIUM 100mg #60. Per operative report dated 11/11/14, patient underwent right submuscular ulnar nerve decompression and transposition, ulnar nerve block, and right flexor pronator tendon lengthening under regional anesthesia. Patient's medications include Naproxen, Protonix, Flexeril, Gabapentin and Docusate Sodium. Protonix and Docusate Sodium were included in progress reports dated 06/04/14 and 11/13/14. Patient is back to work with restrictions. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." UR letter dated 12/02/14 states no documentation of constipation or first line

treatments, and that opiates are appropriate..." However, medical records indicate Norco is included in medications, per progress report dated 11/19/14. Treater has not discussed reason for the request, but it appears patient is still experiencing constipation secondary to opiate use. MTUS recognizes constipation as a common side effect of chronic opiate use. Therefore, the request IS medically necessary.