

<b>Case Number:</b>	CM15-0091857		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/11/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old who sustained an industrial injury on 8/11/12. The claimant reported a left wrist injury. The injured worker was diagnosed as having carpal tunnel syndrome of left, wrist joint inflammation with ulnar impaction, CMC inflammation of the thumb on the left and chronic pain related depression, sleep and stress issues. Treatment to date has included oral medications including narcotics, wrist brace, hot/cold wrap, TENS unit, wrist injections and activity restrictions. Currently, the injured worker complains of continued left wrist pain. Physical exam noted tenderness along the ulnar column of the wrist, tenderness along the flexor carpi radialis and extensor carpi ulnaris and a weak grip. The treatment plan included request for authorization of Naproxen, Tramadol, Flexeril and Protonix and activity restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix tabs 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This claimant was injured now about 3 years ago. There was a left joint ulnar impaction, with reported inflammation. There has been narcotics and other medicines. There is still wrist pain. There is no mention of NSAID complications or GI issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. This is not specifically noted. It further notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. Therefore, the requested medical treatment is not medically necessary.