

<b>Case Number:</b>	CM13-0015944		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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.

### 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 57-year-old female who reported an injury on 04/21/2011 that resulted in an anterior posterior fusion at the L4-5 and L5-S1 levels. The patient was participating postoperatively in physical therapy and postsurgical pain was managed by medications. The patient's most recent clinical examination findings included normal lower extremity strength and reflexes and sensation intact of the bilateral lower extremities. The patient's diagnoses included status post L4-S1 laminectomy and decompression and status post L2-S1 anterior posterior spinal fusion. The patient's treatment plan included postoperative physical therapy with transitioning into a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole tab, 40 mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** The requested Pantoprazole was not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is status post multilevel cervical fusion and taking several medications. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients at mid to high risk for

gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence of an evaluation to determine the patient's risk of gastrointestinal events related to medication usage. Additionally, no evaluation of the patient's gastrointestinal system with abnormal findings was provided for review. As such, the requested Pantoprazole tablets 40 mg #30 (30 day supply) is not medically necessary or appropriate.