

<b>Case Number:</b>	CM13-0023359		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Pulmonary Disease, and is licensed to practice in California. 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. 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 43-year-old female who reported an injury on 05/18/2010. The mechanism of injury was noted to be a fall. Her diagnoses include pain in the joint of a lower leg, sprains and strains of the neck, pain in shoulder joint, lumbar sprain/strain, and long-term use of medications. Her medications are listed as Butrans 20 mcg/hour patch once every 7 days; pantoprazole 20 mg, 1 with naproxen; mirtazapine 15 mg; Sentra PM 1 to 2 at bedtime; topical ketamine 5% cream 3 times a day; and Wellbutrin XL 300 mg 1 per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (Protonix) 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) therapy or for patients taking NSAID medications who have been found to be at risk for gastrointestinal events. The patient was noted to have a prescription for Protonix, 20

to be taken with naproxen. However, the patient's current medication list does not include naproxen or any other NSAID medication. As it is noted that the patient is not currently utilizing an NSAID medication, the request for a proton pump inhibitor is not supported by evidence-based guidelines. As such, the request is non-certified.