

<b>Case Number:</b>	CM13-0066177		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine 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 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 injured worker is a 43-year-old male who reported an injury on 11/13/2003. The mechanism of injury was not provided. The injured worker's medication history included Prilosec 1 tablet by mouth daily for heartburn for medications on 05/30/2013. The documentation of 09/16/2013 revealed the injured worker had a partial failure for heartburn from pain medications with omeprazole. The physician indicated they were holding Naprosyn for a while to see if things would calm down regarding gastric hypersensitivity. The diagnoses included lumbar sprain/strain, lumbar facetal syndrome, lumbar radiculopathy, chronic pain, shoulder sprain/strain, shoulder impingement, shoulder capsulitis, and sacroilitis NEC. It was indicated the injured worker would start pantoprazole 40 mg 1 by mouth #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPRAZOLE 20 MG (PROTONIX 40 MG 1 PER MORNING) #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had heartburn with omeprazole. The clinical documentation indicated the injured worker was previously not at risk for gastrointestinal events. The injured worker had heartburn. The physician opined changing to Protonix, and holding the injured worker's Naprosyn would possibly calm down the gastric hypersensitivity. The clinical documentation submitted for review supported the request for Pantoprazole. It was indicated the injured worker failed omeprazole. Given the above, the request for Pantoprazole 20 mg and Protonix 40 mg 1 per morning #30 is medically necessary.