

<b>Case Number:</b>	CM13-0068722		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Orthopedic Surgery 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 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 records presented for review indicate that this 51 year-old individual was reportedly injured on June 8, 2009 the mechanism of injury is noted as a low back injury that occurred while lifting a bag full of soiled linen. The most recent progress note, dated November 4, 2013 indicates that there are ongoing complaints of left shoulder pain with radiation to the left hand, and intermittent numbness of the fingertips. A notation is made that the claimant continues to utilize medications with benefit, improved function, and no adverse effects. Pantoprazole-protonix is listed as a current medication; however, there is no diagnosis, symptomatology, past medical history, or review of systems documentation supporting the need for this medication. The physical examination demonstrated a well-developed patient in no distress that is alert and oriented times 3 and can ambulate to the examination room without assistance. Diagnostic imaging studies include an MRI of the left shoulder from October 21, 2013 revealing postsurgical findings of a rotator cuff repair with no recurrent full thickness or fluid filled tear or defect of the rotator cuff. Rotator cuff tendinosis is noted. Previous treatment includes has included a left shoulder arthroscopy in 2008, physical therapy, and pharmacotherapy. A request had been made for pantoprazole-proton and 20 mg #60 (retrospective) and was not certified in the pre-authorization process on December 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPROZOLE-PROTONIX 20MG #60 (RETROSPECTIVE): 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 Page(s): 68-69 of 127.

**Decision rationale:** The MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is recommended for no medical necessity.