

<b>Case Number:</b>	CM13-0069079		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for chronic neck, back, leg, shoulder pain, with an industrial injury date of July 18, 2011. Treatment to date has included ORIF of right femur (July 21, 2011), thoracolumbar surgery with screw fixation and fusion at T2-T4 and T12-L3 (July 22, 2012), right shoulder arthroscopic rotator cuff repair (June 27, 2012), physical therapy, TENS, home exercise program and medications which include ketoprofen/cyclobenzaprine cream, cyclogaba cream, Nucynta, Mobic, Norco, Topamax, Diclofenac, Divalproex, Prilosec and pantoprazole. Medical records from 2012-2013 were reviewed the latest of which dated October 30, 2013 which revealed that the patient complains of 3 to 10 pain in the back and strong down the right leg, sharp and shooting in character. He states that his current medications control the pain. There is superficial hypersensitivity over the thoracic region and at the juncture of his surgical site. On physical examination, there is diffuse tenderness over the thoracic spine, with hypersensitivity to light touch. There is restriction on extension and flexion of the thoracic spine. Utilization review from December 6, 2013 denied the request for #30 pantoprazole 20mg, once every morning, because the patient does not have a history of peptic or gastric ulcer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 PANTOPROZOLE 20MG, 1 EVERY MORNING:** 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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that clinicians should weight the indications for NSAIDs (non-steroidal anti-inflammatory drugs) against both GI (gastrointestinal) and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age is over 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. In the case, pantoprazole was prescribed since August 2013. The patient has a history of long-term use of opioid analgesics and muscle relaxants. The request for thirty pantoprazole 20mg, once every morning, is not medically necessary or appropriate.