

<b>Case Number:</b>	CM14-0101211		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male with a reported date of injury on 10/23/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical disc disease, cervicgia, lumbago, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, and myalgia and myositis. His previous were noted to include medications and chiropractic care. The progress note dated 05/15/2014 revealed complaints of constant pain that radiates to the left upper extremity and right upper extremity. The injured worker reported it was at its worst 9/10. It currently was rated 7/10. The injured worker also complained of low back and leg pain rated 6/10 and it radiated to the bilateral lower extremities. The physical examination of the cervical spine revealed palpable trigger points in the muscles of the head and neck and over the cervical spine musculature bilaterally. Trigger points were also located in levator scapulae and supraspinatus. There was positive straight leg raise bilaterally and grip strength was rated 4/5 on the right and 3/5 on the left. The upper extremity sensory examination revealed diminished sensation on the left over the medial and lateral aspect of the forearm. The deep tendon reflexes were equal and symmetric. The request for authorization form was not submitted within the medical records. The request was for Pantoprazole 20 mg #60; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg, #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, Gastrointestinal Symptoms & Cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**Decision rationale:** The injured worker complains of severe neck and back pain. The California Chronic Pain Medical Treatment Guidelines state physician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker was at risk for gastrointestinal events or taking NSAIDs or warrant a proton pump inhibitor. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Pantoprazole 20 mg #60 is not medically necessary.