

<b>Case Number:</b>	CM14-0016753		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice 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 claimant is a 57 yr. old female who sustained a work injury on 10/18/11 resulting in chronic shoulder, arm, and back pain. She had a diagnosis of brachial neuritis and lumbosacral neuritis. She had also undergone a right carpal tunnel release in July 2013. A progress note on 1/3/14 indicated the claimant had continued pain in the involved regions. Home parafin baths were recommended as well as continuation of medications. A request subsequently was made for Pantoprazole. There is no mention of gastrointestinal complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of gastrointestinal (GI) events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would

place the claimant at risk. Furthermore, the use of NSAIDS was not specified. Therefore, the continued use of Pantoprazole is not medically necessary.