

<b>Case Number:</b>	CM14-0031080		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 a 59-year-old male who reported injury on 02/06/2003 with a mechanism of injury being a slip and fall. The patient's had been on the medication since 11/2013 and prior medication history was not provided. The patient's diagnosis as of 01/17/2014 were noted to include lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis, bilateral knee pain, chronic pain other, constipation unspecified and dental trauma secondary to chronic pain, chronic tinnitus and left knee internal derangement. The patient's medications were OxyContin 30 mg, bupropion ER 150 mg, clorazepate 7.5 mg, gabapentin 600 mg, pantoprazole 20 mg, docusate/Senna 50/8.6 mg, vitamin D, carisoprodol 350 mg, hydrocodone Bit/APAP and Zolpidem tartrate. The request was made for pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPRZOLE 20MG TWICE A DAY #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. Clinical documentation submitted for review failed to indicate the patient had signs or symptoms of dyspepsia. There was a lack of documentation of the efficacy of the requested medication as the patient had been on the medication for greater than 2 months. There was a lack of documented rationale to support the necessity for the medication twice a day versus once a day. Given the above, the request for pantoprazole 20 mg twice a day #60 is not medically necessary.