

<b>Case Number:</b>	CM14-0039009		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old female with a 12/26/12 date of injury. At the time of the request for authorization for Pantoprazole 20 mg there is documentation of subjective (improvement) and objective (4/5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation, range of motion is restricted due to pain) findings, current diagnoses (right shoulder impingement syndrome, partial rotator cuff tear right shoulder, and four months status post right shoulder surgery), and treatment to date (physical therapy and medication including nonsteroidal anti-inflammatory drugs/NSAIDs). There is no documentation of risk for gastrointestinal event and that Pantoprazole is being used as a second-line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg (protonix) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal events includes: age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, partial rotator cuff tear right shoulder, and four months status post right shoulder surgery. However, despite documentation of use of NSAIDs, there is no documentation of risk for gastrointestinal events and that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.