

<b>Case Number:</b>	CM14-0050998		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency 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 injured worker is a 62 year-old male, who sustained an injury on July 23, 2007. The mechanism of injury occurred from falling down stairs. Diagnostics have included: December 10, 2008 EMG was reported as showing mild right median neuropathy. Treatments have included: right carpal tunnel release October 3, 2013; medications. The current diagnoses are: status post right carpal tunnel release October 3, 2013; left carpal tunnel syndrome; left cubital tunnel syndrome; lumbosacral radiculitis; digestive problems. The stated purpose of the request for Pantoprazole 20mg #60 to take twice a day with meals was not noted. The request for Pantoprazole 20mg #60 twice a day with meals was denied on March 21, 2014, citing a lack of documentation of the injured worker being at risk for GI distress. Per the report dated February 25, 2014, the treating physician noted complaints of right hand pain, with exam findings including a positive right Tinel and Phalen signs at the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg, #60 twice a day with meals:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAIDs with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has complaints of right hand pain. The treating physician has documented a positive right Tinel and Phalen signs at the left wrist. The treating physician had previously listed a diagnosis of digestive problems. However, the treating physician has not provided detailed documentation of the type of digestive problem, history of GI distress symptoms or reflux/gastritis/ulcer diagnoses nor whether there were any digestive problems secondary to medication intake. Further the treating physician did not document any derived symptomatic or functional benefit from previous use of this medication. The criteria noted above not having been met, Pantoprazole 20mg, #60 twice a day with meals is not medically necessary.