

<b>Case Number:</b>	CM14-0073371		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 37-year-old female who sustained an injury on September 21, 2010. She was diagnosed with (a) chronic cervical strain with myofascial pain in the neck and upper back; (b) possible bilateral cervical radiculitis; (c) low back pain with suspicion of lumbar discogenic pain and bilateral lumbar radiculitis with evidence of bilateral L5-S1 lumbar radiculopathy on electromyography dated February 27, 2012; (d) reactive depression; (e) chronic pain syndrome; and (f) intermittent urinary and fecal incontinence of unclear etiology. She was seen on July 30, 2014 for an evaluation. She previously reported that ibuprofen has not been helpful. She complained of stomach upset despite use of omeprazole. She has been taking omeprazole twice daily. She noted that she was not using Protonix at this time. She also complained of neck and low back pain. Her current medications include topiramate, cromolyn sodium, Flovent, Ventolin, zolpidem tartrate, ibuprofen, and omeprazole. Examination of the cervical spine revealed tenderness over the posterior cervical paraspinal muscles from the approximate levels of C3 through C7. There was limitation in range of motion. Examination of the lumbar spine revealed tenderness over the lower lumbar paraspinal muscles with limitation in lumbar flexion and extension. Straight leg raising test was grossly positive bilaterally, worse on the left side than on the right side. There was tenderness over the left buttock and piriformis with increased pain noted. She was advised to discontinue ibuprofen.

### 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 NSAIDS Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs) Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The request for pantoprazole is not medically necessary at this time. Her list of current medications does not include drugs that potentially cause gastrointestinal events with the exception of ibuprofen. Ibuprofen has been already recommended to be discontinued as per progress report dated July 30, 2014. With this, the use of pantoprazole is not medically necessary.