

<b>Case Number:</b>	CM14-0196203		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old 3/17/14 with an injury date on 3/17/14. The patient complains of right shoulder pain rated 5/10, right wrist pain rated 5/10, left wrist pain rated 3/10, bilateral knee pain rated 6/10 per 10/24/14 report. The patient has less pain and better motion in her right shoulder after surgery, but is not ready to return to work full time yet per 9/12/14 report. The patient was not doing therapy for a month, and just began again and is sore as a result per 9/12/14 report. Based on the 10/24/14 progress report provided by the treating physician, the diagnoses are: s/p right shoulder arthroscopic subacromial decompression 6/17/14; rule out bilateral carpal tunnel syndrome and rule out right > left knee internal derangement. A physical exam on 10/24/14 showed "range of motion limited but improved. Bilateral knee exam unchanged." The patient's treatment history includes medications, postoperative physical therapy (23 sessions), home exercise program. The treating physician is requesting Pantoprazole 20g 1 by mouth 3 times a day #90. The utilization review determination being challenged is dated 11/14/14. The requesting physician provided treatment reports from 5/9/14 to 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg 1 by mouth 3 times a day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: GI symptoms & cardiovascular risk Page(s): 68 and 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

**Decision rationale:** This patient presents with right shoulder pain, bilateral wrist pain, and bilateral knee pain and is s/p right shoulder arthroscopy from 6/17/14. The provider has asked for PANTOPRAZOLE 20g 1 by mouth 3 times a day #90 on 10/24/14. It is not known how long patient has been taking pantoprazole, but patient is currently taking Pantoprazole. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID (naproxen). However, the provider does not provide GI assessment to warrant a prophylactic use of a PPI. While the provider states that this medication is used for "adverse GI effects associated with NSAIDs," there is no documentation on the reports as to how the patient is doing with the PPI, and its efficacy. The patient has been taking a PPI for an unspecified period of time, and the provider does not discuss why this medication should be continued. The request is not medically necessary.