

<b>Case Number:</b>	CM14-0196852		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/30/2014
<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 Family Practice and is licensed to practice in Florida. 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 45-year-old male who sustained a work related injury on 1/20/2010 through 9/24/2010. The mechanism of injury described is cumulative injury. Injuries claimed include shoulder pain, ankle and low back pain bilaterally, waist pain, and a "lot of stress." Diagnoses per a 5/9/2014 primary treating physician medical evaluation note include: medication induced gastritis, lumbar spine sprain/strain with radiculopathy, bilateral shoulder sprain/strain with clinical impingement, bilateral feet sprain/strain, and stress. Prior treatment has included physical therapy and chiropractic therapy. A physical exam note dated 9/12/2014 noted the following pertinent positive physical exam findings: positive impingement sign, apprehension sign, empty can sign bilaterally, limited range of motion. Medications are listed as [REDACTED] and Arthritis medication on the 5/9/2014 progress note. A 9/12/2014 progress note noted the patient's work status to be total temporary disability. A utilization review physician did not approve a request for Pantoprazole, however he did approve a request to continue his Naproxen medication. His rationale for not continuing Pantoprazole was that "the records provided do not specify any objective evidence of GI disorders, GI Bleeding or peptic ulcer." Therefore an Independent Medical Review was requested to determine the medical necessity of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole DR 20mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 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:** In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight 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)." Records show that this patient has a history of medication induced Gastritis. This was mentioned on a 5/2014 progress note. A utilization review physician did recommend the continuation of this patient's NSAID medication. Therefore, it would be inappropriate to not also continue a PPI given this patient's history of medication induced Gastritis. Likewise, this request for Pantoprazole is medically necessary.