

<b>Case Number:</b>	CM14-0198393		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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:

51 yr. old female claimant sustained a work injury on 4/3/09 involving the neck and shoulder. An EMG in January 2014 showed C5-C6 radiculopathy and bilateral median nerve neuropathy and right ulnar neuropathy. She was also diagnosed with right shoulder impingement syndrome and underwent 2 shoulder surgeries. A progress note on July 31, 2014 indicated the claimant had 6/10 pain. Exam findings were notable for tenderness in the right shoulder and limited range of motion. The physician provided Tramadol, Hydrocodone and Naproxen for pain. She had been on Pantoprazole for GI protection. A progress note on 10/7/14 indicated the claimant had increasing 9/10 shoulder pain and 5/10 wrist pain. Exam findings were similar as July along with noted spasms in the trapezial region. The claimant was treated with Tramadol, Cyclobenzaprine, Naproxen, Hydrocodone/APAP and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68 and 69.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.