

<b>Case Number:</b>	CM15-0003233		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 66 year old male who sustained a repetitive industrial injury reported on 6/26/2009. He has reported having gastric reflux with noted tenderness over the epigastric and right upper quadrant areas on examination; difficulty swallowing, and intermittent hoarseness of voice. The diagnoses have included gastroesophageal reflux disease; cervicgia; cervical radiculitis; pain in joint bilateral shoulders; and cervical spine surgery (2011). Treatments to date have included consultations; specific laboratory studies for H. Pylori and fecal occult blood; upper gastro-intestinal endoscopy and colonoscopy studies; and medication management with the discontinuation of non-steroidal anti-inflammatories and Omeprazole. The injured worker was noted to be classified as temporarily totally disabled and is retired. On 12/10/2014 Utilization Review non-certified, for medical necessity, the request for Pantoprazole 20mg #60, noting the Medical Treatment Utilization Standard, chronic pain medical treatment Guidelines, was cited. The internal medicine consultation notes, dated 10/14/2014, show a "specialist" did a special study that showed that the "plates have moved a bit" and removal was recommended; and that the injured worker (IW) did not wish to undergo more neck surgeries. The IW reported occasional nausea without vomiting and constipation without diarrhea, being on Omeprazole several times a day, and was avoiding citrus and spicy foods. Continued subjective complaints included: insomnia, depression, anxiety and stress-related headaches were also noted. The impressions were for gastro-duodenitis and gastroesophageal reflux disease.

### 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, GI Symptoms and cardiovascular Page(s): 68-69.

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

**Decision rationale:** Pantoprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but, except for age, did not have any of the risk factors for a gastrointestinal event. The patient was taking omeprazole twice daily for two years. There is no objective evidence of gastroesophageal reflux disease. The request should not be authorized.