

<b>Case Number:</b>	CM15-0004364		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old male who reported an injury on 12/02/2008 due to an altercation with a coworker. The injured worker reportedly sustained a head injury, back, neck, and right shoulder injury. The injured worker's treatment history included multiple treatment modalities to include epidural steroid injections, physical therapy, acupuncture, surgical intervention, interferential unit, psychological support, and multiple medications. The injured worker was evaluated on 10/28/2014. The injured worker's diagnoses included status post right shoulder surgery, post-traumatic trauma, post-traumatic cephalgia and dizziness, right cerebral cortical contusion, cervical radiculopathy, lumbar radiculopathy, coccydynia, pain in the TMJ, pain in the shoulders, pain in the knees, emotional distress, sleep disturbance, and cognitive problems. No physical examination findings were provided at this appointment. The injured worker's treatment recommendations included a consultation with a gastrointestinal specialist due to persistent gastrointestinal complaints, cognitive behavioral therapy, and re-examination in 6 weeks. No Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

**Decision rationale:** The requested Pantoprazole 20mg #30 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review did not provide a recent assessment of the injured worker's gastrointestinal system to support that they are at continued risk for developing gastrointestinal events and require medication management. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Pantoprazole 20mg #30 is not medically necessary or appropriate.