

<b>Case Number:</b>	CM15-0005711		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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  
 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 35 year old male, who sustained an industrial injury on 08/12/2014. He has reported neck pain. The diagnoses have included cervical spondylosis with central disk herniation and cervical myelopathy. Treatment to date has included medications, physical therapy, home exercise, and surgical intervention. Medications have included Tramadol ER, Cyclobenzapine, Hydrocodone, Naproxen Sodium, and Pantoprazole. Surgical intervention has included cervical fusion, performed on 11/11/2015. A progress noted from the treating physician, dated 11/15/2014, documented a follow-up visit with the injured worker. The injured worker reported cervical pain with upper extremity symptoms, status post surgery; pain rated at 7/10 on the visual analog scale; and current medication regimen provides maintenance of ADLs, maintenance of recommended exercise level, and improved range of motion. Objective findings included tenderness to the cervical spine with spasm of the cervical paraspinal musculature. The treatment plan has included continuation of medications; TENS unit; and follow-up evaluation in three weeks. On 12/26/2014 Utilization Review noncertified 1 prescription of Pantoprazole 20 mg, #90. The MTUS, Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines, Pain Chapter were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of a prescription of Pantoprazole 20 mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs), NSAID.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): Page 68-69.

**Decision rationale:** The requested Pantoprazole 20mg #90 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has cervical pain with upper extremity symptoms, status post surgery; pain rated at 7/10 on the visual analog scale. The treating physician has documented that the current medication regimen provides maintenance of ADLs, maintenance of recommended exercise level, and improved range of motion and exam included tenderness to the cervical spine with spasm of the cervical paraspinal musculature. The treating physician has not documented medication-induced GI complaints or GI risk factors or functional improvement from its use. The criteria noted above not having been met, Pantoprazole 20mg #90 is not medically necessary.