

<b>Case Number:</b>	CM15-0106054		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Internal 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:

This 27 year old male sustained an industrial injury on 6/5/13. He subsequently reported right foot and ankle pain. Diagnoses include thoracic, right shoulder, right knee, right wrist and right ankle sprain/ strain, right shoulder impingement syndrome, right carpal tunnel syndrome, anxiety and depression. Treatments to date include nerve conduction, x-ray and MRI testing, injections, modified work duty, an ortho boot, physical therapy and prescription pain medications. The injured worker continues to experience thoracic spine, right shoulder, right wrist, right knee and ankle pain. Upon examination, there was tenderness to palpation of the anterior right ankle, range of motion was decreased and painful inversion test was positive. Right knee ranges of motion are decreased and painful, tenderness to palpation over all regions is noted and McMurray's test is positive. Right shoulder ranges of motion are decreased and painful, tenderness to palpation was noted in all regions and supraspinatus pressure is positive. There is tenderness to palpation of the lateral and volar aspects of the right wrist, Phalen's is positive. Thoracic spine flexion is reduced, there is tenderness to palpation and spasm of the thoracic paravertebral muscles, Kemp's causes pain bilaterally. A retroactive request for Pantoprazole 20mg #60 DOS: 4/14/15 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Pantoprazole 20mg #60 DOS: 4/14/15: 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 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The treating physician's progress report dated 2/3/15 documented that there were no current medications. The treating physician's progress report dated 2/3/15 documented prescriptions for Gabapentin, Zolpidem, and topical creams. The primary treating physician's progress report dated 2/26/15 did not document medication prescriptions. The 4/14/15 progress report was not in the submitted medical records. Without the corresponding progress report, the 4/14/15 request for Pantoprazole (Protonix) is not supported. Therefore, the request for Pantoprazole is not medically necessary.