

<b>Case Number:</b>	CM15-0134087		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: 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 (IW) is a 39 year old female who sustained an industrial injury on 05/29/2009. The initial report of injury is not found in the medical records reviewed. Diagnoses include: Protrusion L4-5 and L5-S1 with radiculopathy. Facet osteoarthopathy, L4-5 and L5-S1. Cervical pain; recent fall with derivative left foot-ankle pain. Second fall with derivative right shoulder-right torso pain and headache. Bilateral wrist-hand pain. The injured worker was status post lumbar decompression 11-2014. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of low back pain with left greater than right lower extremity symptoms that are rated a 6 on a scale of 0-10, bilateral hand and wrist pain rated 5 on a scale of 0-10, and cervical pain with left upper extremity symptoms rated a 5 on a scale of 0-10. On exam, she has tenderness in the lumbar spine with painful limited lumbar range of motion. She has limited cervical range of motion, and her left and right wrist and hand exam is essentially unchanged. Her medications include hydrocodone, ibuprofen, pantoprazole, and Voltaren gel. Treatment plan included continuation of medications. A request for authorization was submitted for Retrospective Pantoprazole 20mg #90 (DOS: 06/05/2015.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pantoprazole 20mg #90 (DOS: 06/05/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The patient presents with low back pain, rated 6/10, radiating into the bilateral lower extremities, left greater than right. The request is for RETROSPECTIVE PANTOPRAZOLE 20 MG #90 (DOS: 06/05/15). Physical examination to the lumbar spine on 02/13/15 revealed tenderness to palpation. Range of motion was limited with pain. Patient's diagnosis, per 02/13/15 progress report include protrusion L4-5 and L5-S1, with radiculopathy, Facet osteoarthropathy, L4-5 and L5-S1, cervical pain, recent fall with derivative left foot/ankle pain, second fall with derivative right shoulder/right torso pain and headache (did strike head with fall), and bilateral wrist/hand pain. Patient's medications, per 02/13/15 progress report include Hydrocodone, Ibuprofen, Pantaprazole, and Voltaren Gel. Patient's work status, per 02/13/15 progress report is temporarily totally disabled for 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In this case, only one progress report was available. In regard to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Although it is indicated that the patient is utilizing Ibuprofen (an NSAID), there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.