

<b>Case Number:</b>	CM15-0163462		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/02/1999
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 1-02-1999. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, cervicgia, pain in shoulder joint region, lumbago, pain in lower leg joint region, lumbar degenerative disc disease, brachial neuritis or radiculitis, cervical disc disease, and myalgia and myositis. Treatment to date has included diagnostics and medications. Per the earliest progress report submitted (2-02-2015), the injured worker complains of neck pain with radiation to her right upper extremity, headaches, right shoulder pain, low back pain with radiation to the bilateral lower extremities, and bilateral knee pain. Her past medical history included high blood pressure. Current medications included Protonix, Sonata, Norco, and topical compound cream. She denied gastrointestinal symptoms. Protonix was used for gastric prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pantoprazole 20mg #30 (DOS 06/23/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

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

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.