

<b>Case Number:</b>	CM15-0164976		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old man sustained an industrial injury on 11-15-2012. The mechanism of injury is not detailed. Evaluations include an undated electromyogram of the bilateral lower extremities, undated lumbar spine MRI, and an undated electromyogram of the bilateral upper extremities. Diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, neck pain, disorders of the sacrum, and sciatica. Treatment has included oral medications, heat, shoulder steroid injection, functional restoration program, and TENS unit therapy. Physician notes from the pain specialists dated 6-5-2015 show complaints of chronic neck pain with radiation to the bilateral upper extremities with numbness and tingling, back pain with radiation down the left lower extremity rated 8-9 out of 10, and left shoulder pain. Recommendations include cervical spine MRI, physical therapy, urology consultation, lumbar spine MRI, increase Morphine Sulfate, Naproxen, Protonix, Orphenadrine, possible spinal cord stimulator, possible cervical spine epidural steroid injection, physical therapy, urology consultation, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and is being treated for chronic neck and low back pain. When seen, he was having persistent pain with radiating symptoms into the left lower extremity and bilateral upper extremities. He was using TENS. He had started physical therapy for his shoulder. Physical examination findings included an antalgic gait. There was left shoulder tenderness with decreased range of motion and negative impingement testing. Anaprox was discontinued on 07/10/15. Current medications are Extended release morphine, extended release Norflex, and Protonix. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is no longer taking an oral NSAID. The continued prescribing of Protonix (pantoprazole) is not medically necessary.