

<b>Case Number:</b>	CM15-0032578		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female with an industrial injury dated 04/29/2012 that resulted from a fall. Her diagnoses include status post right shoulder surgery rotator cuff repair/subacromial decompression, status post remote right shoulder surgery, cervical pain with upper extremity symptoms. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, right shoulder surgery, chiropractic manipulation and physical therapy. In a progress note dated 01/16/2015, the treating physician reports right shoulder pain rated 6/10, cervical pain with right greater than left upper extremity symptoms. The objective examination revealed tenderness to the right shoulder, improving range of motion, and slightly limited cervical range of motion. The treating physician is requesting pantoprazole 20mg #90 which was denied by the utilization review. On 02/04/2015, Utilization Review non-certified a prescription for pantoprazole 20mg #90, noting that this medication had been recently non-certified for lack of gastrointestinal complaints or issues, the non-recommendation for long term use due to side effects and increased risk, and that the provider had prescribed this medication for daily/chronic use. The MTUS guidelines were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of pantoprazole 20mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines [www.drugs.com/monograph/pantoprazole-sodium.html](http://www.drugs.com/monograph/pantoprazole-sodium.html) Page(s): 41, 63-64, 68-69 and 100.

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

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Pantoprazole 20 mg #90 is not medically necessary.