

<b>Case Number:</b>	CM15-0034145		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Preventive Medicine, Occupational 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 55-year-old male truck driver sustained a work related injury on 06/26/2013. Diagnoses included lumbar spine multiple protrusions with radiculopathy, cervical sprain/strain, right knee chondromalacia patella, right shoulder MRI findings with full-thickness supraspinatus tear with labral tear and acromioclavicular osteoarthropathy, right knee medial meniscus tear and cyst knee popliteal tendon sheath and popliteal fossa Baker's cyst, MRI of the abdomen with findings noted of left kidney mass uncertain etiology, right index mallet finger and bilateral shoulder subacromial bursitis and impingement. According to a progress report dated 10/30/2014, the injured worker complained of right index finger pain with mallet finger and pain rated 6 on a scale of 1-10, right shoulder pain rated 7/10, left shoulder pain rated 5/10, right knee pain rated 8/10, cervical pain rated 7/10 and low back pain with lower extremity symptoms rated 7/10. The injured worker also complained of generalized abdominal discomfort and denied relation to medication consumption. He denied gastrointestinal discomfort prior to the industrial injury. A request was made for an internal medicine consult to evaluate generalized abdominal discomfort. The provider dispensed pantoprazole 20mg one by mouth three times a day #90. The injured worker was advised to continue with over-the-counter Ibuprofen. Opioid medications were also prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #90: Overturned**

**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): 68.

**Decision rationale:** Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications, the MTUS does not address use of medications to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient is on chronic NSAID therapy, has a history of NSAID-induced dyspepsia and is on chronic opioid therapy it is reasonable to consider use of this medication as a preventative measure. Medical necessity for use of this medication has been established.