

<b>Case Number:</b>	CM15-0044057		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas, 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 44-year-old male, who sustained an industrial injury on 2/27/2012. The current diagnoses are neck pain, cervicobrachial syndrome, brachial plexus lesions, tension headaches, psychogenic pain, closed clavicle fracture, and long-term use of medications. According to the progress report dated 2/26/2015, the injured worker complains of chronic right-sided neck and shoulder pain that radiates throughout his right upper extremity to the level of his hand. The patient had no complaints of constipation, nausea, abdominal pain or heart burn. The current medications are Lyrica, Ketamine 5% cream, and Protonix. Treatment to date has included medication management, acupuncture, home exercise program, and electrodiagnostic studies. The plan of care includes Pantoprazole 20mg #60. The patient sustained the injury when he struck by a plywood. The past medical history includes: fracture of clavicle. The patient has used a sling and brace. The patient has received an unspecified number of PT and acupuncture visits for this injury. Per the doctor's note dated 3/28/15, patient had complaints of right shoulder pain. The patient has had complaints of nausea without constipation or heartburn. Physical examination revealed normal muscle tone. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tabs of Pantoprazole 20 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Request: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in: Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A recent detailed examination of the gastrointestinal system was not specified in the records provided. The patient had no complaints of constipation, abdominal pain or heart burn. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for 60 Tabs of Pantoprazole 20 MG is not fully established in this patient. The medical necessity of the request for 60 Tabs of Pantoprazole 20 MG is not medically necessary.