

<b>Case Number:</b>	CM14-0186109		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old truck driver sustained a low back injury on 6/28/11 from picking up a piece of carpet. Request(s) under consideration include Pantoprazole 20 mg #30. Diagnoses include chronic pain syndrome and reactive sleep disturbance. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 9/9/14 from the provider noted the patient with chronic ongoing low back symptoms without relief from physical therapy. Exam showed non-antalgic gait; difficulty performing range; tenderness over right SI joint, sciatic notch and positive SLR. Treatment included Chiro, acupuncture, and medication. Medications list Tramadol, Pantoprazole, Ketoprofen, and Neurontin. Report of 10/3/14 had appeal for non-certified Pantoprazole noted patient with occasional dyspepsia, heartburn, and epigastric pain from use of Ketoprofen. Exam was unchanged and showed limited lumbar range; antalgic gait; positive SLR and Lasegue's with decreased sensation at right S1 dermatome. The request(s) for Pantoprazole 20 mg #30 was non-certified on 10/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantaprazole 20 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Determine if the patient is at risk for gastroint.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history of disease, clinical findings, confirmed diagnostics or GI diagnosis to warrant this medication. The Pantoprazole 20 mg #30 is not medically necessary and appropriate.