

<b>Case Number:</b>	CM14-0091298		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/24/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 52-year-old female with date of injury of 06/24/2007. The listed diagnoses per Dr. [REDACTED] dated 04/30/2014 are: Neuralgia, neuritis, and radiculitis unspecified, Cubital tunnel syndrome, and Carpal tunnel syndrome. According to this report, the patient complains of constant burning in the suprascapular region going down the arm to the right thumb, index, and long finger. She states the pain will go down the midline to the lower portion of the thoracic spine. She does report "pinching" in her right anterior shoulder. She reports numbness and weakness in the same area. She now has pain in the antecubital fossa to the ring and little fingers on the right. The patient also has bilateral trapezius muscle spasms today. She rates her pain 7/10. The physical exam shows a positive compression sign on the right. Spasms were palpable in the right superior trapezius. There are circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. She does have pain with palpation on the right scapular region diffusely. Sensation was decreased to pinprick in the volar aspect of the right forearm and in the ulnar aspect of the right palm and in the right ring and little fingers. The utilization review denied the request on 06/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #30:** Overturned

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

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

**Decision rationale:** This patient presents with scapular, thoracic spine and anterior right shoulder pain. The treater is requesting pantoprazole 20 mg, quantity #30. The MTUS Chronic Pain Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risks for gastrointestinal events: (1) Ages greater than 65; (2) History of peptic ulcer; (3) GI bleed or perforation; and (4) Concurrent use of ASA or corticosteroid and/or anticoagulant; high-dose multiple NSAIDs. The medical records provided for review show that the patient has been on proton pump inhibitors since December 2013. The report dated 12/24/2013 documents, "She does have constipation, treated with lactulose, and GI upset." The patient's current list of medications includes Gabapentin, Zolpidem, Amitiza, naproxen, Fentanyl, Oxycodone, Zolof, Prilosec, Prozac, Duragesic, and Amrix. In this case, the treater does document gastrointestinal issues. As such, the request is medically necessary and appropriate..