

<b>Case Number:</b>	CM14-0191601		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehab 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 underlying date of injury in this case is 06/16/2013. The date of the utilization review under appeal is 10/30/2014. The patient's primary treating physician is a chiropractor, and thus medical prescriptions would be out of the scope of that physician's practice. A second treating physician's First Report of Occupational Injury of 10/23/2014 reports the patient's was injured due to repetitive work activity. Medications included naproxen, pantoprazole, and hydrocodone/APAP. The patient was diagnosed with right knee sprain with possible internal derangement. Medications dispensed included naproxen, pantoprazole, and hydrocodone/APAP. Urine toxicology testing was requested as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Back Pain Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss gastrointestinal prophylaxis in the section on anti-inflammatory

medications and gastrointestinal symptoms, page 68, noting the physician should determine if the patient is at risk for gastrointestinal side effects. The medical records in this case do not clearly indicate the symptoms or diagnosis or rationale as to why this patient has been prescribed gastrointestinal prophylaxis. Therefore, at this time the records do not support the request. This request is not medically necessary.