

<b>Case Number:</b>	CM15-0118309		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 55-year-old female who sustained an industrial injury on 5/22/01. She had complaints of bilateral knee pain, low back pain that radiates into both legs, left more than right with numbness, tingling, weakness and cramps. Primary treating physician's progress note dated 2/11/15 reports that her complaints have not changed. She has severe lumbar pain, walks with a cane and wears bilateral knee braces. The injured worker states that topical analgesic ointments are beneficial. Diagnoses include status post 3 left knee surgeries and 2 right knee surgeries, thoracic radiculopathy, lumbar radiculopathy, pain in bilateral wrists, knee and ankles. Plan of care includes: continue oral and topical medications, urine toxicology, needs updated neuropsychological testing, needs updated EMG/NCV studies, needs electroencephalogram and testing for neurological and auditory balance, sleep lab evaluation, medical weight loss program, MRI scan of thoracic and lumbar spine, both ankles and wrists, CT scans of thoracic and lumbar spine, x-ray of lumbar spine, aquatic therapy 2 to 3 times per week for 6 to 8 weeks, acupuncture 2 times per week for 6 to 8 weeks, interferential stimulation unit for home use and braces for lumbar and both knees. Provided medications including anaprox, flexeril, protonix and 2 transdermal compounds. Follow up in 6 to 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pantoprazole 20mg quantity 30 DOS 2-11-15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the retrospective prescription of Pantoprazole 20mg #30 is not medically necessary.