

<b>Case Number:</b>	CM15-0174827		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 49 year old male who sustained an industrial injury on 3-17-12. Diagnoses included large soft disc herniation at C6-7; spondylosis with hard-soft disc herniation C5-6, status post anterior cervical discectomy and fusion (12-11-14); right shoulder impingement-frozen shoulder. He currently (7-27-15) complains of unchanged neck pain with stiffness spasm and a pain level of 5 out of 10; significant right shoulder pain that is worse. On physical exam there was mild cervical tenderness with muscle spasms, decreased range of motion 30%; right shoulder exam revealed decreased range of motion with pain and positive impingement. Diagnostics included MRI of the cervical spine (8-24-14) showing large left C6-7 herniated nucleus pulposus; x-rays dated 11-3-14 to 7-27-15 showing status post anterior cervical discectomy and fusion (stable). Treatments to date include physical therapy with benefit; cervical surgery (12-11-14); medications: tramadol for pain, naproxen for inflammation. In the progress note dated 7-27-15 the treating provider's plan of care included a request for pantoprazole to use as needed for gastrointestinal protection due to use of non-steroidal anti-inflammatory and history of gastritis with medications. Per the 7-27-15 note there was no history of hemoptysis or hematochezia. The request for authorization dated 6-17-15 and 7-28-15 requests Protonic 20mg #60. On 8-27-15 utilization review evaluated and non-certified the retrospective (7-27-15) request for pantoprazole 20mg #60 based on no documentation of increased gastrointestinal risk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Protonix (Pantoprazole) 20mg #60 (DOS: 07/27/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Pantoprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized and is not medically necessary.