

<b>Case Number:</b>	CM15-0026694		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, West Virginia, Pennsylvania  
 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 33 year old male, who sustained an industrial injury on August 2, 2012. The diagnoses have included electrodiagnostically positive left L5 and S1 radiculopathy, lumbar spondylosis and disc protrusions L4-L5 and L5-S1, and extrusion C3-C4 with neural encroachment and radiculopathy. Treatment to date has included epidural steroid injection (ESI), physical therapy, TENS, and medications. Currently, the injured worker complains of low back pain with left lower extremity symptoms and cervical pain with left greater than right upper extremity symptoms. The Primary Treating Physician's report dated January 3, 2015, noted the injured worker with lumbar and cervical spine tenderness with limited range of motion (ROM) decreased paraspinal musculature spasms, and a positive straight leg raise on the left. On February 4, 2015, Utilization Review non-certified Pantoprazole Sodium 20mg #90, noting there was no report regarding gastrointestinal (GI) disease or gastric risk factors to support the need for this medication based upon available document review. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Pantoprazole Sodium 20mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole sodium 20 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Guidelines recommend use of PPIs in patients who are high or intermediate risk for gi complications related to NSAID use. In this case, clinical documentation does not indicate that the patient has any gi risk factors to support need of a PPI. Thus the request for pantoprazole 20 mg #90 is not medically necessary and appropriate.