

<b>Case Number:</b>	CM15-0072585		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female, who sustained an industrial injury on January 30, 2014. She reported falling down the stairs, noting immediate pain in her wrist, with an impacted nondisplaced left wrist fracture. The injured worker was diagnosed as having left shoulder acromioclavicular osteoarthropathy, left wrist de Quervain's tenosynovitis, and left knee internal derangement. Treatment to date has included MRI, physical therapy, nerve conduction study (NCS), activity modification, TENS, cold/heat, home exercise program (HEP), left shoulder arthroscopic surgery, and medication. Currently, the injured worker complains of 8/10 left shoulder pain, 6/10 low back pain with lower extremity symptoms, 6/10 left knee pain, and 5/10 left wrist pain. The Primary Treating Physician's report dated March 2, 2015, noted the injured worker's medication current dosing facilitated maintenance of activities of daily living (ADLs). Physical examination was noted to show left shoulder tenderness at the anterior aspect and at the AC, with positive impingement signs, with spasms of the left cervical trapezius/deltoid musculature, and tenderness in the left knee. The treatment plan was noted to include proceeding with left shoulder surgery April 13, 2015, with cardiac clearance, and dispensed medications including Tramadol ER, Hydrocodone, Naproxen Sodium, Pantoprazole, and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pantoprazole 20mg #90 (DOS: 03/02/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Retrospective Pantoprazole 20 mg #90 (DOS: 03/022015) is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Pantoprazole is therefore, not medically necessary.