

<b>Case Number:</b>	CM15-0099709		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/25/2015

### 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 39-year-old female, who sustained an industrial injury on 5/26/12. She reported low back pain. The injured worker was diagnosed as having cervicalgia and chronic pain syndrome. Treatment to date has included physical therapy, acupuncture, a lumbar epidural steroid injection, and medication. Physician's reports dated 3/18/15 and 4/7/15 made no reference to any gastrointestinal symptoms. Currently, the injured worker complains of pain in the neck and low back. The treating physician requested authorization for Pantoprazole Sod DR 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sod Dr 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend PPIs for patients at risk for gastrointestinal events. In this case, there is no documentation regarding the reason for use. Furthermore, Pantoprazole is considered a second line PPI. Therefore, the request for Pantoprazole Sod Dr 20 mg #60 is not medically appropriate and necessary.

