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| **Case Number:** | CM16-0249170 | | |
| **Date Assigned:** | 01/04/2017 | **Date of Injury:** | 10/25/2016 |
| **Decision Date:** | 01/27/2017 | **UR Denial Date:** | 12/01/2016 |
| **Priority:** | Standard | **Application Received:** | 12/28/2016 |

## 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: Arizona,California
Certification(s)/Specialty: Family Practice

## 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 female who sustained an industrial injury on 10-25-2016. The medical records listed her birthdate as 03-17-1956 and 03-17-1965. On 08-30-2016, the injured worker reported that she had been feeling upper abdominal pain for about 3 weeks. Current mediations included Naproxen and Omeprazole. She was advised to continued Naproxen 550 mg twice a day as needed. Omeprazole was changed to Pantoprazole due to epigastric pain and tenderness. She was advised to follow a gastroesophageal reflux diet. According to a progress report dated 11-04-2016, symptoms included wrist pain, left shoulder pain and left and right wrist pain. Diagnoses included left shoulder impingement, status post cubital tunnel release and status post carpal tunnel. The treatment plan included Naproxen and Pantoprazole. The injured worker was advised to avoid spicy foods and fatty meat, to increase vegetables and to stay active. A follow up was indicated in one month. On 12-01-2016, Utilization Review non-certified the request for Pantoprazole 40 mg, one by mouth, twice a day #60 with one refill. According to the UR physician, the attending physician indicated that the injured worker had acid reflux which was improved with Pantoprazole.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 40mg, one by mouth, twice a day #60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Proton Pump Inhibitors (PPIs).

**Decision rationale:** According to the MTUS Chronic Pain and ODG Pain guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant had been using NSAIDS for several month without mention of pain or functional improvement due to its use. Long-term use can lead to GI bleed and complaints similar to the claimant's. Continued use of NSAIDS is not appropriate and therefore, the continued need for Pantoprazole is not medically necessary.