

<b>Case Number:</b>	CM14-0005983		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 68-year-old male with a September 9, 2009 date of injury, and status post right knee arthroscopy 2007, status post left knee arthroscopy 2012, and status post left total knee arthroplasty 2012. At the time of request for authorization for Pantoprazole 40 mg tab #30 (January 3, 2014), there is documentation of subjective (musculoskeletal pain in the bilateral upper extremities, shoulders, and knees; no abdominal pain, heartburn, reflux, dyspepsia, diarrhea, constipation, nausea or vomiting) and objective (BP 148/94, obese) findings, current diagnoses (orthopedic injuries, psychiatric illness, obesity, sleep disorder, diabetes 2, prostate cancer, and hypertension), and treatment to date (physical therapy, knee injections, and medications (including Nexium, Metformin, ibuprofen 800 mg twice per day, Diclofenac 50 mg twice per day, Flexeril, and Norco). There is no documentation that pantoprazole is being used as a second-line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPRAZOLE 40 MG TAB #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of pantoprazole. Within the medical information available for review, there is documentation of diagnoses of orthopedic injuries, psychiatric illness, obesity, sleep disorder, diabetes 2, prostate cancer, and hypertension. In addition, there is documentation of risk for gastrointestinal (including age greater than 65 years and multiple NSAIDs). However, there is no documentation that pantoprazole is being used as a second-line. The request for Pantoprazole 40mg tablets, thirty count, is not medically necessary or appropriate.