

<b>Case Number:</b>	CM14-0006571		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Internal 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:

The patient is a 62-year-old male who has submitted a claim for bilateral knee sprain/strain and contusion, lumbar spine sprain/strain, lumbar disc disease, joint effusion of the bilateral knees, left knee internal derangement, gastritis and insomnia associated with an industrial injury date of 6/19/12. The medical records from 2012-2013 were reviewed which revealed persistent low back pain which radiates to both legs. Pain was aggravated by prolonged walking and was relieved with rest and medications. Physical examination of the lumbar spine showed tenderness of the paraspinal and L5 spinous process. Tenderness was noted over left lateral knee and peripatellar of the right knee. Ranges of motion of both knees were limited secondary to pain. McMurray, Patellar Grind Maneuver and Sitting Root tests were positive. MRI (magnetic resonance imaging) of the left knee, dated 9/26/12, showed mild amount of fluid in the joint space. There is mucoid degeneration in the posterior horn of the medial meniscus standing into the body of tears. Clinical correlation is needed for further evaluation. MRI of the right knee done on 9/26/12 showed posterior cruciate ligament with ganglion cyst. Mild amount of fluid is noted in the joint space and mild subluxation of the patella was noted. The treatment to date has included, physical therapy and acupuncture sessions and transcutaneous electrical nerve stimulation (TENS). The medications taken include Tramadol ER 150mg, Ibuprofen/Motrin 800mg and Pantoprazole. A utilization review from 1/17/14 denied the requests for transdermal compounds and Pantoprazole 20mg #60. Transdermal compound was denied because there was no mention of specific transdermal compound being prescribed. There is insufficient information provided to establish its medical necessity. Regarding Pantoprazole, it was denied because guidelines stated that a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole, a second-line therapy. However, there is no evidence of a trial of first-line proton pump inhibitors (PPIs) therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRANSDERMAL COMPOUNDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compounds Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Topical Analgesic Page(s): 111.

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and transdermal compounds are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient manifests neuropathic pain on his left leg. However, medical records did not indicate if patient had trials of antidepressants and anticonvulsants to address his problem. In addition, specific transdermal compound being prescribed is not mentioned in the documents provided. Therefore, the request for transdermal compounds is not medically necessary.

### **PANTOPRAZOLE 20MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age older than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient was given Pantoprazole because of gastritis associated with intake of NSAIDs. Progress report, dated 12/12/13, mentioned that his pain is well controlled by his pain medications and antacid help him with his gastritis. The MTUS guidelines have been met. Therefore, the request for Pantoprazole 20mg, #60 is medically necessary.