

<b>Case Number:</b>	CM14-0115464		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. 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 39 year old female who was injured on 03/19/2013 when she twisted her ankle in a hole in the ground while stepping out of a vehicle causing pain in her left knee. Prior medication history included ibuprofen and Ambien. She has been treated conservatively with physical therapy and home exercise program. The patient underwent knee arthroscopy on 10/14/2013. Progress report dated 06/07/2014 indicates the presented with complaints of left knee pain. She continues to have anteromedial and anterolateral knee pain that is aggravated by her work. Objective findings on exam revealed range of motion of the left knee from 0-120 degrees. There is significant patellofemoral crepitus bilaterally, worse on the left; mild medial effusion as well as mild posterior foss tenderness. There is diffuse joint pain. Anterior drawer test is 1 A; Lachman test is 1A; Pivot shift test is negative; McMurray sign test is positive bilaterally. There is pain with valgus and varus stress. Neuro exam revealed sensation is equal bilaterally and motor strength is 5/5 in all major muscle groups. Diagnoses are hypertrophic synovitis and inflamed medial plica of the knee joint. The patient's treatment plan consisted of refill of menthoderm and pantoprazole. Prior utilization review dated 05/08/2014 states the request for 1 prescription of Pantoprazole 20mg, (unspecified quantity) is denied as there is a lack of documented evidence to support the request; Methoderm, 2 bottles is denied any compounded product that contains at least one drug that is not recommended is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Pantoprazole 20mg, (unspecified quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk> Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS CPMT guidelines recommend pantoprazole, which is a proton pump inhibitor for the treating patients who may be at risk for other gastrointestinal and cardiovascular events. Criteria for patients who are at risk for GI events include being over 65 years of age, history of Pepcid ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/or an anticoagulant or high dose or multiple NSAID. Patients with no risk factor and no cardiovascular disease are ok to take non-selective NSAIDs without a proton pump inhibitor. This patient does not qualify the criteria by the MTUS CPMT guidelines and therefore the request for this medication is not medically necessary.

**Menthoderm, 2 bottles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines National guidelines Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** The MTUS CPMT guidelines recommends that there are no evidence-based recommendations regarding the topical application of menthol in this compound cream (Menthoderm; methyl salicylate and menthol) to reduce pain in this patient. Based on these guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.