

Case Number:	CM14-0155426		
Date Assigned:	09/25/2014	Date of Injury:	04/02/2010
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 58-year-old female with a 4/2/10 date of injury. At the time (9/8/14) of request for authorization for 1 Pantoprazole (Protonix) 20mg PO for 1 tablet a day quantity 60 refill 0 for the management of symptoms related to the right knee injury, there is documentation of subjective (constant right knee pain with intermittent swelling radiating down the distal portion of the lower extremity) and objective (antalgic gait, pain with varus loading of the right knee, crepitus with right knee flexion/extension, and decreased reflexes at the patellar and Achilles region) findings, current diagnoses (focal chondral injury status post chondroplasty, and medial and lateral meniscal injury status post meniscectomy), and treatment to date (NSAIDs and Tramadol). There is no documentation of risk for gastrointestinal events and Protonix being used as second-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pantoprazole (Protonix) 20mg po for 1 tablet a day quantity 60 refill 0 for the management of symptoms related to the right knee injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes "age > 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." The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as Omeprazole or Lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of focal chondral injury status post chondroplasty, and medial and lateral meniscal injury status post meniscectomy. In addition, there is documentation of ongoing treatment with NSAIDs. However, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID) and that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (Omeprazole or Lansoprazole). Therefore, based on guidelines and a review of the evidence, the request for 1 Pantoprazole (Protonix) 20mg po for 1 tablet a day quantity 60 for the management of symptoms related to the right knee injury is not medically necessary.