

Case Number:	CM14-0173249		
Date Assigned:	10/24/2014	Date of Injury:	08/17/1998
Decision Date:	12/04/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/20/2014

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 Preventive Medicine has a subspecialty in Occupational Health and is licensed to practice in Iowa. 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 56-year old patient with date of injury 08/17/1998. Medical records indicate the patient is undergoing treatment for chronic left knee pain, S/P left knee surgery (not specified in available records) in 1998. MRI of left knee 7/8/14 notes medial meniscus anterior horn maceration/tear with associated intra- and parameniscal cyst as well as a small joint effusion. Subjective complaints include left knee pain rated 8/10 with pain medication, 7/10 without medication. Patient describes the pain as aching and sharp. Quality of sleep is poor and patient reports he is tired. Objective findings include a normal gait and normal sensory exam. No tenderness on palpation. Left knee range of motion is restricted with flexion to 110 degrees limited by pain, extension to 160 degrees, also limited by pain. Motor exam reveals power of left knee flexors is 5/5 on right and 4/5 on left. Knee extensor is 5/5 on right and 4/5 on left. Treatment has included physical therapy, traction, nerve block, steroid injections, acupuncture, and Methoderm Gel, Vicodin, Ambien, Pantoprazole, Omeprazole, and Naproxen. The utilization review determination was rendered on 9/20/14 recommending non-certification of Pantoprazole Sod Dr 20mg and 1 Functional Restoration Program Initial Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Pantoprazole Sod Dr 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

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) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Pantoprazole is a proton pump inhibitor. MTUS states, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient is taking NSAIDS, but does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for 1 prescription of Pantoprazole Sod Dr 20mg is not medically necessary.

1 Functional Restoration Program initial evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Program).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states Long-term evidence suggests that the benefit of these programs diminishes over time, Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. While the treating physician does document chronic pain, the medical documentation provided did not provide sufficient information to warrant certification for a Functional Restoration Program initial evaluation. The treating physician did not detail a trial and failure of conservative treatments. Additionally, the patient reported that medications were beneficial and the treating physician did not document a loss of functional

ability due to pain. As such, the request for 1 Functional Restoration Program initial evaluation is not medically necessary.