

Case Number:	CM14-0175776		
Date Assigned:	10/28/2014	Date of Injury:	06/03/2011
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 65-year-old male patient who reported an industrial injury to the left knee on 6/3/2011, almost 3 years ago, attributed to the performance of his usual and customary job tasks. The patient is s/p (status post) left knee surgical intervention with arthroscopy and partial meniscectomy and debridement. The patient is noted to have significant osteoarthritis of the left knee. The patient continues to complain of left knee pain. It is noted that further surgical intervention is being anticipated for the left knee. The patient was being treated for chondromalacia medial for moral condyle and patella; tear of the left knee; s/p left knee tricompartmental chondroplasty partial meniscectomy during January 2014; and tricompartmental osteoarthritis. The treatment plan dated 8/22/2014 included dispensing Venlafaxine ER 37.5 mg #60; Naproxen 550 mg #90; and Pantoprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg, #90 (Dispensed 8/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: The use of Anaprox/Naproxen 550 mg #90 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no rationale to support the medical necessity of #90 tabs. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Naproxen 550mg #90 as dispensed on 8/22/2014 is not demonstrated to be medically necessary.

Retrospective Pantoprazole 20mg, #60 (Dispensed 8/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication; NSAIDs Page(s): 67-68; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Protonix/Pantoprazole 20 mg #60 routinely for prophylaxis for the prescribed pain management medications stated as Naproxen 550 mg tid. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors, such as, Omeprazole or Protonix. The patient is documented to be taking only an occasional Naproxen; however, there is no documented GI issue. There is no industrial indication for the use of Protonix due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Protonix is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Protonix automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Protonix without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Protonix was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Protonix/Pantoprazole 20 mg #60 as dispensed on 8/22/2014.