

<b>Case Number:</b>	CM14-0175788		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

This is a 66-year-old male with a 6/3/11 date of injury, when he fell while carrying a refrigerator and injured his left knee. The patient underwent left knee arthroscopic surgeries on 9/21/12 and 01/14. The patient was seen on 9/19/14 with complaints of constant knee pain. Exam findings revealed 5/5-muscle strength in the bilateral upper and lower extremities and antalgic gait. The patient was noted to be on Naproxen, Venlafaxine, Pantoprazole and other medications. The diagnosis is chondromalacia of the medial femoral condyle and patella, tear of the left knee, status post tricompartmental chondroplasty and meniscectomy and osteoarthritis. Treatment to date: 2 left knee arthroscopic surgeries, work restrictions, PT, steroid and hyaluronic acid injections to the left knee, H-wave and medications. An adverse determination was received on 10/10/14 for a lack of upper gastrointestinal complaints and diagnosis of GERD or gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non Steroidal Anti-Inflammatory Drugs) , GI Symptoms & Car.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Guidelines: FDA (Pantoprazole (Protonix))

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However it was noted that the patient was utilizing Naproxen, there is a lack of documentation indicating any side effects from this medication. In addition, it is not clear if the patient was diagnosed with chronic gastritis, ulcers, GERD or other gastrointestinal disorders. Lastly, there is no rationale with regards to the necessity for Pantoprazole for the patient. Therefore, the request for Pantoprazole 20mg #60 is not medically necessary.