MAXIMUS Federal Services

Case Number:	CM14-0030592		
Date Assigned:	06/20/2014	Date of Injury:	12/13/2002
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Interventional Spine Surgery 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:

The patient is a 66 year old with an injury date on 12/13/02. Based on the 2/14/14 progress report provided by [redacted] the diagnoses are: Patellofemoral syndrome (Left knee), Grade Ill chondromalacia, left medial femoral condyle, with posterior horn medial meniscus tear. Status post partial meniscectomy andchondroplasty, Status post repeat left knee arthroscopy, Severe post-traumatic arthritis, right knee, with varus deformity and flexion contracture - Grade IV chondromalcia bone-to-bone contact and advanced post-traumatic right patellofemoral arthrosis and Status post left total knee arthroplasty.An exam on 2/14/14 showed "right sided push off antalgic gait. The patient's left knee showed swelling along medial knee, with range of motion restricted by pain especially at extension to 5 degrees. There was tenderness to palpation noted over ilio-tibial band, medial joint line, and patella. There was moderate effusion in left knee joint. Patellar apprehension test, Apply's compression test, Apply's distraction test, Bounce test are all positive." [redacted] is requesting Pantoprazole 20mg #60, Voltaren XR 100mg #60, and Hydrocodone/APAP 10/325mg #60. The utilization review determination being challenged is dated 2/19/14 and rejects Pantoprazole due to a trial of Prilosec/Prevacid being indicated first and Voltaren due to increased risk of cardiovascular events/stroke and its not being recommended by Official Disability Guidelines (ODG) as a first-line NSAID. [redacted] is the requesting provider, and he provided treatment reports from 8/27/13 to 2/14/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non MTUS Official Disability Guidelines (ODG), TWC Pain; Proton pump inhibitors.

Decision rationale: This patient presents with left knee pain and is s/p left knee arthroplasty of unspecified date. The treater has asked Pantoprazole 20mg #60 on 2/14/14. Review of the report shows patient has been taking Protonix since 8/23/13 and that medication has been effective in improving GI irritation. Regarding Protonix, ODG indicates as second-line use for GERD symtpoms if trials of Prilosec or Prevacid have failed. In this case, the treater has asked for Pantoprazole and reports as early as 8/27/13 do not indicate patient has failed trials of Prilosec or Prevacid. Patient is currently taking an NSAID, however, and a PPI is indicated for patient's GERD symptoms. Recommendation is for authorization.

Voltaren XR 100 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, Pages 22, 67-68, 70-73 and ACOEM Practice Guidelines, Chapter 10, Page 20-21.

Decision rationale: This patient presents with left knee pain and is s/p left knee arthroplasty of unspecified date. The treater has asked Voltaren XR 100mg #60 on 2/14/14. Patient has been taking Voltaren since 8/23/13 and reports less inflammation, moderate pain relief, and functional improvement per 2/14/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the treater has asked for Voltaren XR 100mg #60 which is indicated for patient's chronic left knee osteoarthritis condition. Recommendation is for authorization.