

<b>Case Number:</b>	CM14-0083226		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 40-year-old male who was reportedly injured on March 22, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 2, 2014, indicates that there are ongoing complaints of knee pain. The physical examination demonstrated tenderness over the lateral joint lines of both knees. There was no crepitus or pain with patellar compression. There was a negative Apley's test and McMurray's test bilaterally. Range of motion was from 0 to 150. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes arthroscopic knee surgery, physical therapy, and home exercise. Additional physical therapy was recommended. A request was made for Norco and Protonix and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Protonix (Pantoprazole) is a Proton Pump Inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The California MTUS Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptom. According to the medical record the injured employee is currently prescribed Motrin, Norco and Soma in addition to Protonix and it is stated that the injured employee experiences dyspepsia with medications. Considering this, the request for Protonix is not medically necessary and appropriate.

**Prospective Protonix 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The California Medical Treatment Utilization Schedule 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptom. According to the medical record the injured employee is currently prescribed Motrin, Norco and soma in addition to Protonix and it is stated that the injured employee experiences dyspepsia with medications. Considering this, this request for Protonix is medically necessary.