

<b>Case Number:</b>	CM14-0209158		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 44 year old female with an injury date of 08/20/12. The 11/05/14 report by ■■■ states that the patient presents with left knee pain rated 6/10 along with headaches, sleep difficulty and anxiety. Examination reveals decreased range of motion of the left knee with pain and tenderness to palpation of the left lower extremities. The patient's diagnoses include: 1. Left knee internal derangement 2. Left knee sprain/strain 3. Sleep disturbance 4. Anxiety 5. Depression 6. Plantar fasciitis (10/17/14 report ■■■) 7. Achilles tendinitis (10/17/14 report ■■■) 8. Gait abnormality (10/17/14 report ■■■) 9. Pain (10/17/14 report ■■■) The PTP, ■■■ is requesting ortho consultation for the knee and psych consultation for depression, additional acupuncture treatment, physical therapy for the knee and is referring the patient to a podiatrist for custom orthotics due to knee pain as of 11/03/14. ■■■ provides pain medication. Medications are listed as: Omeprazole to protect the stomach (current); dispensed 11/05/14: Pantoprazole, Sumatriptan, Alpraxolam, Zolpidem, Furbiprofen compound cream, Gabapentin compound cream; (prescribed) Hydrocodone. The utilization review is dated 11/17/14. Report were provided for review from 06/02/14 to 11/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan 25 MG #9:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** Patient presents with left knee pain along with headaches, sleep difficulty and anxiety. The current request is for Sumatriptan 25 MG #9 per 11/05/14 RFA. ODG guidelines, Head Chapter, Triptans, have the following regarding Triptans for headaches: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." The treater does not discuss the reason for this request. It is unclear how long the patient has been prescribed this medication. It also is listed on the 10/10/14 report. MTUS on page 8 requires that the physician periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. The patient does present with complaint of headaches; however, there is no documentation of migraine headaches for this patient for which this medication is indicated. In this case, the request is not medically necessary.

**Pantoprazole 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** Patient presents with left knee pain along with headaches, sleep difficulty and anxiety. The current request is for Pantoprazole 20 MG #60 per 11/05/14 RFA. Pantoprazole is a PPI similar to Omeprazole. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided do not discuss this medication. It appears the patient started the medication 11/05/14 and was previously prescribed Omeprazole since at least 09/29/14 to protect the stomach. The reports do not state whether or not Omeprazole helped the patient or show that the patient is currently prescribed an NSAID. There is no GI assessment provided as required by MTUS. In this case, the request is not medically necessary.