

Case Number:	CM15-0001484		
Date Assigned:	01/12/2015	Date of Injury:	08/25/2004
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male who reported an injury on 08/25/2004. The mechanism of injury was not stated. The current diagnoses include medial and lateral meniscal tear in the right knee, status post arthroscopic partial medial and lateral meniscectomy, and post-traumatic osteoarthritis of the right knee. Previous conservative treatment is noted to include Orthovisc injections, medication management, and physical therapy. The current request is for the retrospective prescription for pantoprazole 40 mg issued on 11/04/2014; however, there was no physician progress report submitted on 11/04/2014. The injured worker presented on 12/04/2014 with reports of an improvement following Orthovisc injections. The injured worker reported ongoing pain, swelling, and grinding of the right knee. Upon examination, there was moderate effusion, tenderness to palpation, 115 degree flexion, 0 degree extension, crepitus, positive patellar grind test, and positive McMurray's sign. Recommendations at that time included physical therapy and a prescription for Norco 10/325 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 11/4/14): Pantoprazole 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not currently meet criteria for the requested medication. There was also no documentation of a physician progress report on the requesting date of 11/04/2014. Given the above, the request is not medically appropriate.