

<b>Case Number:</b>	CM15-0006440		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 61-year-old female who reported an injury on 03/07/2013 due to an unspecified mechanism of injury. On 12/08/2014, she presented for a followup evaluation. She reported 9/10 right knee pain that was worsening, 5/10 left knee pain, and 6/10 low back with right greater than left lower extremity symptoms rated at a 6/10. Her medications included tramadol ER, and NSAIDs. It was noted that she had GI upset with NSAID use without a proton pump inhibitor, and that she was started on a proton pump inhibitor at twice a day dosing, but denied any GI upset with the proton pump inhibitor. She was also noted to be taking cyclobenzaprine for spasms. A physical examination showed tenderness to the right and left knee diffusely with crepitus and range of motion assessment. Lumbar range of motion was noted to be flexion of 40, extension of 30, left and right lateral tilt to 30, left and right rotation to 30, and positive straight leg raise bilaterally. Spasm was also noted in the lumbar paraspinal musculature, but was stated to be less pronounced. She was diagnosed with right knee osteoarthopathy, right knee degenerative meniscal tear, left knee internal derangement, and low back with lower extremity symptoms. The treatment plan was for pantoprazole 20 mg. The rationale for treatment was to treat the injured worker's GI issues due to NSAID therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-68, 77-97. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com), and Physician's Desk Reference (PDR), 2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are for those who are at high risk for gastrointestinal events due to NSAID therapy or who develop dyspepsia secondary to NSAID therapy. Based on the clinical documentation submitted, the injured worker was noted to have reported that her GI symptoms had diminished due to the proton pump inhibitor; however, the frequency and quantity of the medication was not provided within the request. Without this information, continuing this medication will not be supported. As such, the request is not medically necessary.