

<b>Case Number:</b>	CM15-0107181		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 58-year-old who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of September 23, 2014. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for a Protonix. The claims administrator referenced a RFA form dated May 4, 2015 in its determination, along with a progress note dated April 20, 2015. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of bilateral knee pain, 8-10/10. The applicant was not working, it was acknowledged. The applicant's past medical history was notable for gastroesophageal reflux disease, it was reported. The applicant was using Zestril and Protonix. The applicant was asked to pursue a total knee arthroplasty for advanced knee arthritis. On February 4, 2015, the applicant was given prescriptions for tramadol, a topical agent, and Protonix. The applicant was placed off of work, on total temporary disability. The applicant's past medical history reportedly included hypertension, asthma, and arthritis, it was stated on this occasion.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

**Decision rationale:** Yes, the request for Protonix (pantoprazole), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. A progress note dated April 8, 2015 suggested that the applicant had a known history of gastroesophageal reflux disease. Ongoing usage of Protonix was, thus, indicated to combat the same. Therefore, the request was medically necessary.