

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0135210 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 02/16/2011 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: Massachusetts

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 (IW) is a 49-year-old male who sustained an industrial injury on 02/16/2011. Diagnoses/impressions include internal derangement of the right knee, status post two surgical interventions. Treatment to date has included participation in a medically supervised weight loss program, pool exercise, bracing, TENS unit, knee injections and physical therapy (PT). According to the progress notes dated 5/28/15, the IW reported bilateral knee pain; he requested PT be extended to treat the right knee as well as the left. The IW had lost 50 pounds on the [REDACTED] program. On examination, there was tenderness along the patella and the inner joint line on the right and the left. Extension was 180 degrees and flexion was 80 degrees in the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for bilateral knee pain. The claimant's past medical history includes obstructive sleep apnea, hypertension, and possible diabetes. In December 2014, his weight was 260 pounds. When seen, he had lost 50 pounds. There was bilateral medial knee joint line tenderness and patellar tenderness. McMurray's testing was positive. Medications prescribed included Naprosyn, Fenoprofen, and pantoprazole. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy despite there being two NSAID medications that are being prescribed. The prescribing of a proton pump inhibitor such as Protonix (pantoprazole) was not medically necessary.