

Case Number:	CM15-0146779		
Date Assigned:	08/07/2015	Date of Injury:	03/08/2001
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 68 year old man sustained an industrial injury on 3-8-2001. The mechanism of injury is not detailed. Diagnoses include chronic bilateral knee pain, left ankle pain due to impingement, right foot pain due to cuboid arthritis, and chronic pain syndrome. Treatment has included oral medications. Physician notes dated 7-1-2015 show complaints of chronic knee pain, left ankle pain, and right foot pain. The worker rates his pain 8 out of 10 without medications and 4 out of 10 with medications. Recommendations include Norco, Diclofenac, Cyclobenzaprine, Pantoprazole, continue home exercise program, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, pantoprazole 20 mg #60 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are chronic bilateral knee pain; status post bilateral knee replacement surgeries; left ankle pain due to impingement; right foot pain secondary to fifth metatarsal cuboid arthritis; and chronic pain syndrome. The date of injury is March 8, 2001. Request for authorization is July 13, 2015. The medical record contains 48 pages and one provider progress note. The progress note dated July 1, 2015 subjectively states ongoing knee pain, ankle and foot pain the pain score 4/10. Objectively there is tenderness to palpation in the bilateral knees ankles and feet. Medications include diclofenac, cyclobenzaprine, pantoprazole Norco 10/325 mg. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Additionally, pantoprazole is a second line proton pump inhibitor. There is no documentation of first-line proton pump inhibitor failure. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, lack of risk factors or co-morbid conditions, failed first-line proton pump inhibitor treatment, pantoprazole 20 mg #60 is not medically necessary.