

Case Number:	CM15-0180438		
Date Assigned:	09/22/2015	Date of Injury:	10/15/2014
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 10-15-14. A review of the medical records indicates she is undergoing treatment for chondromalacia anterior compartment of the right knee and patellar tendinitis of the right knee. Medical records (5-28-15 to 7-27-15) indicate ongoing complaints of right knee pain, rating 8 out of 10, as well as "compensatory" low back pain. The physical exam (7-27-15) reveals medial and lateral joint line tenderness, as well as tenderness over the patellar tendon with swelling. The provider indicates "3+ effusions". Diagnostic studies include an MRI of the right knee. Treatment has included physical therapy, a TENS unit, modified activities, and medications. The injured worker reports that medications "facilitate maintenance of activities of daily living", including household duties, shopping for groceries, grooming, and simple food preparation and cooking. She is currently receiving Duloxetine 30mg twice daily, which is noted to be "successful". Other medications include Naproxen 550mg three times daily and Pantoprazole 20mg three times daily. The treating provider indicates that the use of non-steroidal anti-inflammatory medications "facilitate improved range of motion and decreased achy pain. The injured worker reports a history of gastrointestinal upset with the use of non-steroidal anti-inflammatory medications without the use of PPIs, the use of PPIs at once and twice a day dosing, but denies gastrointestinal upset with dosing at three times per day. The record indicates "failed first line PPI", which was noted to be Omeprazole. The records indicate that Omeprazole was "non-efficacious" and that the injured worker continued to have occasional gastrointestinal upset. The Pantoprazole was noted to "facilitate safe and effective adherence to NSAID consumption without GI upset therefore

minimizing risks". The request for authorization (7-27-15) includes Pantoprazole 20mg, 1 tablet three times daily #90. The utilization review (8-26-15) indicates denial of the request, stating that "guideline criteria have not been met", indicating that the injured worker is not over the age of 65 and "there is no evidence that the patient is not at significantly increased risk for the noted guideline-associated gastrointestinal events".

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 46 year old patient complains of right knee pain, rated at 8/10, along with patellar tendon pain and swelling and compensatory low back pain, as per progress report dated 07/27/15. The request is for PANTOPRAZOLE 20mg #90. The RFA for this case is dated 08/17/15, and the patient's date of injury is 10/15/14. Diagnoses, as per progress report dated 07/27/15, included right knee anterior compartment chondromalacia and right knee patellar tendinitis. Medications included Duloxetine, Naproxen, Pantoprazole, and Cyclobenzaprine. Diagnoses, as per progress report dated 04/03/15, included internal derangement of right knee and significant right knee effusion. The patient is temporarily totally disabled, as peripheral, as per progress report dated 07/27/15. Protonix is a proton pump inhibitor. MTUS Chronic Pain Medical Treatment Guidelines 2009, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69, allows PPI for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. www.drugs.com/pro/protonix.htm FDA indications: "PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, Pantoprazole is first noted in progress report dated 04/03/15. It is not clear when the medication was initiated. As per progress report dated 07/27/15, the patient has GI upset with NSAID with no PPI, PPI at qd and bid dosing, however denies GI upset with PPI at current dose, tid. The treater also states that the patient does not have history of ulcer, hemoptysis, hematochezia or cardiac issues but has failed first line PPI. The treater indicates that the patient is at intermediate risk for developing adverse GI issues and Pantoprazole facilitates safe and effective adherence to NSAID consumption. Given the GI risk and failure of first line PPI agents, the request for Pantoprazole appears reasonable and IS medically necessary.