

<b>Case Number:</b>	CM15-0191888		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: 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 male sustained an industrial injury on 3-8-01. Documentation indicated that the injured worker was receiving treatment for bilateral knee pain status post bilateral knee arthroscopy, 5th metatarsal cuboid arthritis, left ankle impingement and chronic pain syndrome. Previous treatment included bilateral knee replacement, physical therapy, injections, interferential unit and medications. The injured worker had been prescribed anti-inflammatory medications since at least 2002 and Protonix since at least February 2015. The injured worker underwent laparoscopic gastric band surgery in 2012. In a PR-2 dated 8-26-15, the injured worker complained of ongoing bilateral knee, right foot and left ankle pain, rated 5 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to bilateral knees, right foot and left ankle. The treatment plan included continuing medications (Ketoprofen, Pantoprazole, Cyclobenzaprine and Norco). On 9-21-15, Utilization Review noncertified a request for Pantoprazole 20mg #60.

### 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

**Decision rationale:** Protonix is a PPI medicine which causes acid suppression in both basal and stimulated states .It is used to treat duodenal ulcers, gastric ulcers, symptomatic gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event .It is also recommended that the lowest dose necessary of the NSAID be utilized. We have no documentation of this patient having any condition needing a PPI. Also this patient had his NSAID non-certified and at this point there is no need to consider whether or not PPI prophylaxis to prevent side effects of NSAID medicine is indicated. The UR was justified in its decision. Therefore, the request is not medically necessary.