

Case Number:	CM15-0196473		
Date Assigned:	10/12/2015	Date of Injury:	07/30/2008
Decision Date:	11/25/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 75 year old male, who sustained an industrial injury on 7-30-08. Medical records indicate that the injured worker is undergoing treatment for internal derangement of the right knee, status-post meniscectomy, discogenic lumbar condition and depression. The injured worker was noted to be retired. On (9-2-15) the injured worker complained of persistent intermittent right knee pain with clicking and popping. The injured worker was noted to have had a recent fall. Examination of the right knee revealed mild tenderness across the joint line with no swelling present. Range of motion revealed full extension and flexion at 115 degrees. Gastrointestinal symptoms were not noted. Treatment and evaluation to date has included medications, urine drug screen and a right total knee replacement. Current medications include Norco, Trazadone and Naproxen. The current requests include a CT scan of the right knee and Pantoprazole 20 mg # 60 for upset stomach. The Utilization Review documentation dated 9-10-15 non-certified the request for a CT scan of the right knee and Pantoprazole 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of The Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Physical Examination, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for CT scan of The Right Knee, CA MTUS states computerized tomography is not useful for meniscal tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, prepatellar bursitis, or regional pain. ODG states is an option for pain after total knee arthroplasty with negative radiograph for loosening. Computed tomography is for postoperative loosening, osteolysis, evaluation of painful knee prosthesis, assessing rotational alignment of the femoral component, and detecting subtle or occult periprosthetic fractures. Within the documentation available for review, plain film radiographs of the right knee were taken in May of 2014, which did not show any loosening of the arthroplasty. The patient is noted to continue to complain of pain after arthroplasty and negative radiographs. As such, the currently requested CT scan of the right knee is medically necessary.

Pantoprazole (Protonix) 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Pantoprazole (Protonix) 20 MG #60 is not medically necessary.