MAXIMUS Federal Services

Case Number:	CM15-0206313		
Date Assigned:	10/23/2015	Date of Injury:	06/19/2010
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Preventive Medicine, Occupational 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 is a 53-year-old female with a date of industrial injury 6-19-2010. The medical records indicated the injured worker (IW) was treated for meniscal tears, right knee; osteoarthropathy of the right knee; multidirectional instability, right knee; foraminal stenosis L4-L5 and L5-S1; facet osteoarthropathy L4-L5 and L5-S1; fracture, right fifth metatarsal, derivative; and status post gastric bypass surgery. In the progress notes (8-19-15, 9-9-15), the IW reported bilateral knee pain, right foot pain and low back pain with left lower extremity symptoms. On examination (9-9-15 notes) of the lumbar spine and right knee, there was tenderness in the lumbar paraspinal muscles and about the right knee diffusely. Ranges of motion of the lumbar spine and the right knee were limited by pain. There was also tenderness in the right foot, greatest at the fifth metatarsal. Treatments included TENS unit. Medications included Cyclobenzaprine and Pantoprazole (since at least 4-2015). The IW inquired about using a topical NSAID; the provider noted the IW should not use oral NSAIDs due to previous gastric bypass. At the 8-19-15 visit, the provider noted that the IW was concerned about occasional gastrointestinal upset and nausea with medication; a discussion followed to consider rotating medications. The 6-23-15 notes from the secondary treating physician stated the IW's primary care physician monitored her hypertension, diabetes, hypothyroidism, gastroesophageal reflux disease (GERD) and depression. A Request for Authorization was received for Pantoprazole 20mg, #60. The Utilization Review on 10-8-15 non-certified the 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, twice daily #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, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as pantoprazole in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. In this case, the injured worker suffers from GERD but is not prescribed NSAIDs due to gastric bypass surgery. The request for Pantoprazole 20mg, twice daily #60 is determined to not be medically necessary.