

<b>Case Number:</b>	CM15-0084833		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 45-year-old female sustained an industrial injury on 10/15/14. She subsequently reported knee pain. Diagnoses include internal derangement and right knee sprain. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right knee pain, swelling and decreased range of motion. Upon examination, the knee is mildly swollen, tenderness is noted to the patella and McMurray's test was negative. The treating physician made a request for Pantoprazole medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 83, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20mg #90 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal 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. In this case, the injured worker's working diagnoses are internal derangement right knee; and significant right knee effusion. Pantoprazole first appears in a progress note dated April 3, 2015. The current list of medications included Tramadol ER 150 mg, Naproxen 550 mg and Pantoprazole 20mg. There are no comorbid conditions or risk factors including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale in the medical record for Pantoprazole use. Additionally, the Pantoprazole frequency is not documented in medical record. The request states Pantoprazole 20 mg #90 it is unclear whether the instructions are once daily or twice daily or at some other designated frequency. Consequently, absent clinical documentation with a clinical indication/rationale for Pantoprazole and a frequency for dosing of Pantoprazole, Pantoprazole 20mg #90 is not medically necessary.