

Case Number:	CM15-0244940		
Date Assigned:	12/23/2015	Date of Injury:	09/15/2008
Decision Date:	01/29/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66 year old female who sustained an industrial injury on 9-15-2008. Medical records indicate the injured worker is being treated for degenerative disc disease lumbosacral spine at L5 and S1, CAM-type femoral acetabular impingement syndrome with moderate osteoarthritis of the right hip, peroneal tendinitis, and refractory gastritis secondary to chronic non-steroidal anti-inflammatory drug use. Per the treating physician note dated 10-30-2015 the injured worker reports moderate to severe right and left knee pain and swelling, right hip pain so severe she cannot stand without assistance for over 5 minutes, back pain, and right ankle pain and swelling. The treating physician reports the injured worker is using a single crutch because of right knee pain and she has markedly antalgic gait because of eversion of the right foot. The treating physician also reports on 10-30-2015 essentially there is no change from her exam on 7-8-2015, except for less edema of the ankles. The injured worker is temporarily totally disabled. Per the internal medicine consultation request for authorization report dated 9-4-2015 the injured worker reports she started to have abdominal pain, dyspepsia, and acid reflux symptoms approximately 5 years ago but it got worse at around the time she was taking the Celebrex and Mobic for pain. The injured worker reports that now that Celebrex and Mobic and other non-steroidal anti-inflammatory drugs has been discontinued her abdominal symptoms are better and Omeprazole helps but she still has some dyspepsia and acid reflux along with some pain in the epigastric area. On physical exam on 9-4-2015 the treating physician reports the injured worker has mild tenderness to deep palpation within the epigastrium. On 9-4-2015 the treating physician increased the Omeprazole dose to 20mg twice daily from the current once

daily dosing. Treatment to date for the injured worker includes left knee arthroscopy on 3-11-2009 and 1-15-2010, right knee arthroscopy on 6-15-2012, cortisone injection to the right knee 10-20-2014, H-wave trial, and medications Ibuprofen 800mg, Celebrex, Mobic, Omeprazole (reported taking since at least 9-4-2015), Tramadol, and Ambien. The UR decision dated 12-9-2015 non-certified the request for Pantoprazole sodium 20mg, 1 tablet by mouth twice a day, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium 20mg 1 tab by mouth twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor (PPI) that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant was on a PPI for over 2 years along with NSAIDS. The claimant recently discontinued the NSAID and remained on a PPI. The physician noted that the symptoms are persistent due to the patients dietary habits and lying down after eating which is a greater contribution than NSAIDS. As a result, the request for continuing chronic Pantoprazole is not medically necessary.