

<b>Case Number:</b>	CM14-0111669		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 worker is a 56 year old male who was injured on 11/20/2008. He was diagnosed with internal derangement of the knee, knee meniscus tear, and osteoarthritis. He was treated with surgery (right knee arthroplasty), opioid medications, modified duty, physical therapy, topical analgesics, muscle relaxants, and Protonix. On 6/20/14 the worker was seen by his primary treating physician complaining of knee pain rated at 5-6/10 on the pain scale, but overall doing well. His medications reportedly helped his pain. No medication list was documented on that date; however, medications from 5/9/14 were listed (Ultram, Norflex, and Protonix). Physical examination revealed negative straight leg raise, normal sensory and reflex testing, minimal right knee tenderness, and right knee spasm. He was then recommended to continue his then current medications, including Protonix. He was also referred to a pain specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantaprozole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with a non-steroidal anti-inflammatory drug (NSAID), the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, gastrointestinal (GI) bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence from the documents provided for review, that the worker was taking any medication (NSAID) that would increase his gastrointestinal event risk. Without any evidence of an indication for the use of Protonix, it is not medically necessary.