

<b>Case Number:</b>	CM14-0122732		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 60-year-old female who reported an injury on 11/15/2011 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to the right knee and ultimately underwent total knee replacement. The injured worker was evaluated on 07/18/2014. It was documented that the injured worker would likely require revision of the previous total knee arthroplasty. It was noted that the injured worker had 8/10 pain of the right knee. The injured worker's medications included hydrocodone/APAP 10/325 mg, pantoprazole 20 mg, Etodolac 400 mg, Excedrin as needed, metformin, trazodone, Zocor, and Zolofit. The injured worker's diagnoses include pain in joint, lower leg; lumbar disc disorder; and status post total knee arthroplasty. Noted that the injured worker's medications reduced pain and allow for better functioning and well tolerated with the exception of some gastrointestinal upset. It was noted that the injured worker's symptoms were well controlled with Protonix. The injured worker's treatment plan included a refill of medications. A letter of appeal dated 08/05/2014 documented that the request was denied due to a lack of assessment of risk factors to support the need for a gastrointestinal protectant. It was noted within this letter of appeal that the injured worker has a history significant for gastroesophageal reflux with past complaints of frequent heartburn and excessive gas secondary to the use of oral non-steroidal anti-inflammatory drugs. The injured worker is noted to be taking nabumetone for pain control. A Request for Authorization for this medication was submitted on 08/06/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20 mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non steroidal anti-inflammatory drugs) Symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The requested pantoprazole/Protonix 20 mg quantity 60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that this medication provides symptom control related to gastrointestinal upset resulting from the use of non-steroidal anti-inflammatory drugs, to include nabumetone. California Medical Treatment Utilization Schedule does support the use of gastrointestinal protectants for injured workers at risk for developing gastrointestinal symptoms related to medication usage. However, Official Disability Guidelines do not recommend Protonix as a first line medication. The clinical documentation fails to identify that the injured worker has not responded to first line gastrointestinal protectants, to include omeprazole. Therefore, the use of this medication would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested pantoprazole/Protonix 20 mg quantity 60 is not medically necessary or appropriate.