

Case Number:	CM15-0018224		
Date Assigned:	02/06/2015	Date of Injury:	11/26/2003
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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:

The injured worker is a 66 year old female, who sustained an industrial injury on 11/26/2003. The diagnoses have included osteoarthritis of knee, lumbar spinal stenosis, low back pain, degenerative spondylolisthesis at L5-S1 grade I, work accident, and facet joint arthritis. Treatments to date have included orthovisc injections physical therapy, and medications. No MRI noted in received medical records. In a progress note dated 01/15/2015, the injured worker presented with right knee complaints. The treating physician reported the injured worker's pain is coming back and discussed different treatment options. Utilization Review determination on 01/21/2015 modified the request for Pantoprazole 20mg #90 to Pantoprazole 20mg 1 twice a day for 3 weeks citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Treatment

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical record indicate that the patient was prescribed Aspirin and Voltaren. Per MTUS, NSAID use is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Pantoprazole (Protonix), in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Pantoprazole (Protonix). Therefore, the request for Pantoprazole is medically necessary.