

<b>Case Number:</b>	CM15-0112478		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old female, who sustained an industrial injury on 11/19/2012. The current diagnoses are right knee sprain/strain with internal derangement, partial anterior cruciate ligament tear, status post right knee arthroscopy (4/24/2013). According to the progress report, the injured worker complains of right knee pain associated with locking, giving way, popping, and swelling. The level of pain is not rated. The physical examination of the right knee reveals slight effusion, positive patellofemoral inhibition sign, and diminished quadriceps tone and weakness. The current medications are Tramadol and Ibuprofen. Treatment to date has included medication management, x-ray, MRI studies, physical therapy, steroid injections, chiropractic, and surgical intervention. The plan of care includes prescriptions for Diclofenac and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac (Na) Sodium 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to the MTUS, with respect to NSAIDs, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the chronicity of the case and the lack of evidence to support efficacy in improving pain or functional improvement, it appears the risk of treatment with NSAIDs likely outweighs the benefit and therefore the treatment is not medically necessary.

**Pantoprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Pantoprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore the request is not medically necessary given the provided information at this time.