

<b>Case Number:</b>	CM15-0129309		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/18/2007
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, New York, California  
 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 applicant is a represented 45-year-old who has filed a claim for chronic knee, ankle, and foot pain reportedly associated with an industrial injury of July 18, 2007. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for Protonix (pantoprazole). The claims administrator referenced a June 16, 2015 RFA form in its determination and an associated progress note of June 15, 2015. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported 5/10 complaints of knee pain, hip pain, and headaches. The applicant was morbidly obese. It was stated that the applicant was a candidate for a right total knee arthroplasty but could not pursue any surgery owing to her issues with severe obesity. The applicant had comorbid asthma, it was also noted. The applicant's medication list included Protonix, Norco, and Soma, it was stated in one section of the note. In another section of the note, it was stated that the applicant was receiving Haldol, Xanax, Ambien, Seroquel, Protonix, and Wellbutrin from a psychiatrist. The applicant's review of systems was entirely negative, including negative for abdominal pain and/or nausea. There was no mention of the applicant's having a history a GERD in the past medical history section of the note. The applicant had no history of breathing problems, it was further reported, and denied issues with diabetes. The applicant was severely obese, with a BMI of 45. Norco was renewed. There was seemingly no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia in any sections of this particular note. In a psychiatric note dated June 4, 2015, the applicant's psychiatrist likewise made no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia. The applicant was deemed totally disabled from gainful

employment. An earlier medical note dated April 20, 2015 did suggest that the applicant was using Protonix on this date. It was not clearly stated for what purpose the applicant was using Protonix. There was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia in either the body of the report, the past medical history section, or the review of systems section.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pantoprazole 40mg, #30 with 2 refills:** 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): 69.

**Decision rationale:** No, the request for pantoprazole (Protonix), a proton-pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes of mid-2015, referenced above. It was not clearly stated for what issue, diagnosis, and/or purpose Protonix was being employed and/or whether or not it was effective for whatever purpose it has been selected. Therefore, the request is not medically necessary.