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: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained a work related injury May 7, 2011, resulting in lower back and knee pain. According to a physician's progress report dated December 18, 2014, the injured worker presented with left knee pain described as aching burning, sharp tender and throbbing. The pain is rated 8/10 without medication and 3/10 with medication. Current medications include Anaprox, Zyrtec (cetirizine), Norco, and Protonix. Physical examination reveals a slowed awkward gait; left knee anterior scar(s), range of motion restricted with flexion limited to 130 degrees by pain and extension limited to 5 degrees, moderate tenderness to palpation over the lateral, medial and posterior joint lines. The right knee examination; anterior drawer test is negative, no effusion and Apply's compression/distraction and McMurray's tests are negative. Diagnoses are documented as knee arthroscopy; osteoarthrosis of lower leg (knee, ankle) and abnormality of gait, awkward gait. Treatment plan included requesting medications and discussing opioid agreement and compliance. According to utilization review dated January 7, 2015, the request for Pantoprazole Sodium DR 20mg Tablet (1) PO BID #60 is non-certified, citing MTUS Guidelines. The request for Nortriptyline HCL 25mg Capsule (1-2) PO at Bedtime #60 is non-certified citing MTUS Guidelines. The request for Cetirizine HCL 10mg Tablet (1) PO daily #30 is non-certified, citing http://www.drugs.com/cetirizine-hcl.html

IMR ISSUES, DECISIONS AND RATIONALES
The Final Determination was based on decisions for the disputed items/services set forth below:

**Pantoprazole Sodium DR 20mg tablet 1 po BID #60**: Upheld

**Claims Administrator guideline**: The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline**: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale**: Regarding the request for pantoprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

**Nortriptyline Hcl 25mg capsule, 1-2 po at bedtime #60**: Upheld

**Claims Administrator guideline**: The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline**: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale**: Regarding the request for nortriptyline, CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no indication that the nortriptyline provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested nortriptyline is not medically necessary.

**Cetirizine Hcl 10mg tablet, 1 po daily #30**: Upheld

**Claims Administrator guideline**: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cetirizine-hcl.html
**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.drugs.com/pro/cetirizine.html](http://www.drugs.com/pro/cetirizine.html)

**Decision rationale:** Regarding the request for cetirizine, CA MTUS does not address the issue. It is indicated for perennial allergic rhinitis and chronic urticaria per the FDA. Within the documentation available for review, there is no indication of either of these conditions. In light of the above issues, the currently requested cetirizine is not medically necessary.