

<b>Case Number:</b>	CM15-0025208		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: California, Indiana, New York  
 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 60-year-old female, who sustained an industrial injury on 5/23/2001. The current diagnoses are status post remote right knee fusion, left knee osteoarthropathy, possible left lateral meniscus tear/patella tendon tear, chondromalacia patella, left, rule out early sympathetically maintained pain syndrome, left lower extremity, right shoulder rotator cuff tear, and right De Quervain's tenosynovitis. Treatment to date has included medications, visco supplementation of the left knee, and surgical intervention. According to the progress report dated 1/14/2014, the injured worker complains of pain in the left/right knee, right wrist, and right shoulder. The pain in the left knee is rated 5/10, right knee 3/10, right wrist 5/10, and right shoulder 6/10. The current medications are Hydrocodone, Naproxen, and Pantoprazole. The current plan of care includes Pantoprazole 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are status post remote right knee diffusion; left knee osteoarthropathy; possible left lateral meniscus tear/patella tendon tear; chondromalacia patella; rule out sympathetically maintained pain syndrome left lower extremity; right shoulder rotator cuff tear, derivative; and right DeQuervain's tenosynovitis. Documentation from the August and September 2014 progress note do not contain medications in the body of the documentation. A progress note dated December 3, 2014 indicates the injured worker is taking hydrocodone, Naprosyn and pantoprazole. There are no risk factors for comorbid conditions noted in the medical record putting the injured worker at risk for gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent clinical documentation with risk factors for covert conditions putting the injured worker at risk of gastrointestinal events, Pantoprazole 20 mg is not medically necessary.