

Case Number:	CM15-0062324		
Date Assigned:	04/08/2015	Date of Injury:	04/29/2014
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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 32-year-old who has filed a claim for chronic knee pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 29, 2014. In a utilization review report dated March 13, 2015, the claims administrator failed to approve a request for pantoprazole (Protonix) and Norco. Non-MTUS ODG Guidelines were invoked to deny the request for Protonix. A progress note and RFA form of February 9, 2015 were also referenced. The applicant's attorney subsequently appealed. On September 29, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain with derivative complaints of depression and anxiety. The applicant exhibited a visibly antalgic gait. Physical therapy, acupuncture, biofeedback, medication management consultation, and an orthopedic surgery consultation were endorsed while the applicant was kept off of work. Medication selection and medication efficacy were not detailed. On March 9, 2015, the applicant's work status was not clearly stated. Naprosyn, Protonix, Norco, and several topical compounded medications were endorsed, without any explicit discussion of medication efficacy. 8/10, severe knee pain was noted, with associated difficulty standing and walking. A functional capacity evaluation of January 26, 2015 suggested that the applicant's pain was "very disabling." The functional capacity evaluation suggested that the applicant was not working as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

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

Decision rationale: No, the request for Protonix (pantoprazole), 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 (pantoprazole) are indicated in the treatment of NSAID, induced dyspepsia, in this case, however, there is no mention of the applicant as having issues with reflux, heartburn, and/or dyspepsia, either NSAID, induced or stand-alone, on several progress notes, referenced above, including on the March 9, 2015 progress note at issue. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as acknowledged on functional capacity evaluation of January 26, 2015. On March 9, 2015, the applicant reported pain complaints as high as 8/10, despite ongoing Norco usage. The applicant continued to report that activities of daily living as basic as standing and walking remain problematic. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.