

<b>Case Number:</b>	CM15-0075601		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male patient who sustained an industrial injury on 08/20/2004. A primary treating office visit dated 01/14/2015 reported subjective complaint of right knee pain that is worsening. He reports inability to walk greater than 10 minutes continuously. He is also with complaint of compensatory low back pain and right hip pain. He states the pain medication decreases his pain and gives him improved function with a greater level of activity with the use of medications. He states positive benefit from Tramadol ER, and also from NSAIDs which help with the achy pains. In addition, he gets some good benefit from the use of a transcutaneous nerve stimulator unit, and Flexeril. The following diagnoses are applied: status post remote right knee arthroscopy times two, and right knee end-stage osteoarthritis. The plan of care involved recommending proceeding with a right total knee arthroscopy. Another primary treating visit dated 03/19/2014 reported present complaints of severe right knee pain with swelling and buckling. He is unable to ambulate for more than half a block. The left knee also bothers him, but much less. Radiography study performed. He is diagnosed with right knee end-stage arthritis, and status post left total knee replacement. The plan of care involved: forge ahead with right total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Pantoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Pantoprazole 20 mg #90 is not medically necessary and appropriate.