

Case Number:	CM15-0098544		
Date Assigned:	06/01/2015	Date of Injury:	09/12/2014
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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 55 year old male who sustained a work related injury September 12, 2014. Past history included left knee arthroscopy, meniscectomy. While inside a trash container, a co-worker threw trash inside and a metal bar struck his left knee. According to a treating physician's follow-up report, dated March 17, 2015, the injured worker presented for evaluation and is able to stand independently. He has completed three sessions of physical therapy. The left knee demonstrates well healed arthroscopic portals. There is no appreciable effusion and his calf is supple without evidence of deep vein thrombosis. He walks with the aid of a single post cane. Impression is documented as s/p left knee arthroscopy with partial medial meniscectomy. Treatment plan included to continue with physical therapy and to wean from cane as soon as appropriate. At issue, is the request for Pantoprazole.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. 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: The patient presents on 02/26/15 with unrated left knee pain and associated weakness and cramping of the extremity. The patient's date of injury is 09/12/14. Patient is status post left knee arthroscopy with partial medial meniscectomy and intra-articular pain medication injection on 02/11/15. The request is for PANTOPRAZOLE 20MG #60. The RFA was not provided. Physical examination dated 02/26/15 reveals no bruising, swelling, atrophy, or lesion present in the left knee. No other physical findings are included. The patient is currently prescribed Tramadol, Naproxen, and Pantoprazole. Diagnostic imaging pertinent to the request was not included. Patient's currently not working. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. It is not clear how long this patient has been prescribed Pantoprazole or to what effect. This patient is currently prescribed Naproxen, but there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request is not medically necessary.