

<b>Case Number:</b>	CM14-0142198		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Preventative Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 65-year-old male with a 6/3/11 date of injury, and left knee tricompartmental chondroplasty partial meniscectomy in January 2014. At the time (4/9/14) of request for authorization for Naproxen Sodium-Anaprox 550mg #90 and Pantoprazole-Protonix 20 mg #60, there is documentation of subjective (left knee pain) and objective (ambulates with aid of a straight cane) findings, current diagnoses (pain in joint - lower leg), and treatment to date (medications (including Norco, Diclofenac cream, and Venlafaxine), physical therapy, and steroid injections). Regarding Protonix, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID) and that Protonix is being used as a second-line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium-Anaprox 550mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of a diagnosis of pain in joint - lower leg. In addition, there is documentation of pain. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Sodium-Anaprox 550mg #90 is medically necessary.

**Pantoprazole-protonix 20 mg #60:** Upheld

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

**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 Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of a diagnosis of pain in joint - lower leg. However, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID) and that Protonix is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole-Protonix 20 mg #60 is not medically necessary.