

Case Number:	CM14-0010030		
Date Assigned:	02/21/2014	Date of Injury:	03/02/2012
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 45 year-old female who is reported to have a date of injury of 03/02/12. The injured worker reported a pop in her right shoulder after lifting a heavy bag of linen. She received conservative management and later underwent MRI of the right shoulder which reportedly identified a tear. She was taken to surgery on 08/13/12 and underwent an arthroscopic repair. Postoperatively she has received rehabilitative therapy and an intraarticular injection. On examination dated 10/01/13, there is reduced shoulder range of motion, tenderness and significant weakness in forward flexion and abduction. Records indicate the injured worker was referred for a work conditioning program. The records include a utilization review determination dated 12/24/13. This report indicates requests for Anaprox 550 mg #60 and Protonix 20mg #30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 73

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: The submitted clinical records indicate the injured worker is a 45 year-old female who is status post a right shoulder arthroscopic rotator cuff repair. There is evidence of right shoulder degenerative joint disease and bilateral carpal tunnel syndrome for which this medication is clinically indicated under Chronic Pain Medical Treatment Guidelines. As such, the medical necessity has been established. The request for Anaprox 550 mg #60 is recommended as medically necessary.

PROTONIX 20MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 68-69

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: California Medical Treatment Utilization Schedule allows for prophylactic use of a Proton Pump Inhibitor to reduce the risk of medication induced gastritis. The submitted clinical records indicate the injured worker will chronically be maintained on oral medications including non-steroidal anti-inflammatory medications (NSAID's). As such the medical necessity for the continued use of this medication is established. The request for Protonix 20 mg #30 is recommended as medically necessary.