

<b>Case Number:</b>	CM14-0017151		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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, has a subspecialty in 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 53 year old male who is reported to have sustained multiple injuries as a result of a motor vehicle accident occurring on 02/11/08. Per the clinical record, he was driving a tractor trailer when he struck a bridge abutment and suffered injuries to his neck and low back. Treatments have included oral medications, physical therapy, and massage. He is status post a left shoulder SLAP repair, subacromial decompression, and rotator cuff repair performed on 11/29/10. He has undergone revision rotator cuff repair on 08/24/12. He is noted to have undergone a carpal tunnel release. MRI of the lumbar spine indicated multi-level degenerative disease for which he has received epidural steroid injections. Records indicate that the injured worker was recommended to undergo a fusion procedure as a last resort. The records include data noting that the injured worker has participated in a functional restoration program with benefit. The record includes a utilization review determination dated 02/10/14 in which requests for Naproxen Sodium 550mg #90 and Pantoprazole 20mg #60 were non-certified.

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

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

**Decision rationale:** The request for Naproxen Sodium 550mg #90 is recommended as medically necessary. The records indicate that the injured worker is status post rotator cuff repair x 2, carpal tunnel release, and has chronic low back pain secondary to degenerative disease. The use of this medication would be clinically indicated to reduce inflammation and for pain relief. As such, the request is supported as medically necessary.

**PANTOPRAZOLE (PROTONIX) 20MG #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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** The request for Pantoprazole 20mg #60 is recommended as medically necessary. The record indicates that the injured worker will chronically be maintained on oral medication secondary to multiple injuries. California MTUS supports the use of proton pump inhibitors for injured workers who will be chronically maintained on oral medications and as such, it is recommended as medically necessary.