

<b>Case Number:</b>	CM14-0123877		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a male patient with a date of injury of April 4, 2013. A utilization review determination dated July 11, 2014 recommends non-certification of pantoprazole 20 mg #90, naproxen 550 mg #90, hydrocodone 10/325 mg #60, and orphenadrine ER 100 mg #60. A progress note dated June 16, 2014 identifies subjective complaints of right shoulder surgery x 2, right shoulder pain rated a 7/10, and 6/10 cervical pain with right greater than left upper extremity symptoms. The patient indicates that the medications facilitate greater function and activity level, the patient is able to maintain activities of daily living, and decrease in level of pain with medications. The patient consumes hydrocodone 10 mg for breakthrough pain, which is efficacious and provides the patient with an average of a four point decrease in pain on a 10 scale, he also reports improved range of motion and greater tolerance to exercise with the hydrocodone. The patient reports that the NSAID further lessens somatic pain average three points on a scale of 10, he reports decrease in achy pain and improved range of motion. He denies cardiac history, hematocheszia, hemoptysis, ulcer, and denies G.I. upset with pantoprazole at TID dosing. The patient has marked spasm that had remained refractory to physical therapy, home exercises, cold, heat, stretching, activity modification, TENS, however orphenadrine 100mg BID decreases spasms significantly which facilitates improved tolerance to daily activity, exercise, range of motion and decreases pain level 2 to 3 points on the 10 scale. The patient indicates no side effects with current medications. Physical examination identifies tenderness of the right shoulder, limited range of motion, atrophy of the right deltoid, positive impingement sign, positive Jobe test, cervical range of motion is 60 of flexion, 50 with extension, left and right rotation at 50, left and right lateral tilt at 50, and upper extremity neurological evaluation is unchanged. Diagnoses include status post remote right shoulder surgeries, rotator cuff tear right shoulder with acromioclavicular osteoarthopathy, and cervical pain with upper extremity symptoms. The

treatment plan recommends a request for arthroscopic evaluation and possible open rotator cuff repair of the right shoulder, dispense hydrocodone 10/325 mg #60, dispense naproxen 550 mg #90, dispense pantoprazole 20 mg #90, and dispense orphenadrine 100mg #60.

### **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 NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for pantoprazole (Protonix) 20mg #90, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole 20mg #90 is not medically necessary.

#### **Naproxen 550mg #90,: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Naproxen 550mg #90, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is to be used for the short term. In the absence of such documentation, the currently requested Naproxen 550mg #90 is not medically necessary.

#### **Hydrocodone 10/325 Mg #60,: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Hydrocodone/APAP (Norco) 10/325mg #60 California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the hydrocodone is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Hydrocodone/APAP (Norco) 10/325mg #60 is medically necessary.

**Orphenadrine ER100 Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for orphenadrine ER 100mg #60, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine ER 100mg #60 is not medically necessary.