

<b>Case Number:</b>	CM14-0173676		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 58 year old male with an injury date of 06/28/12. Based on the 08/29/14 progress report provided by treating physician, the patient complains of left shoulder pain. Physical examination revealed diffuse tenderness to the left shoulder and limited range of motion in all planes. Spasm of left deltoid, cervical and trapezius muscles decreased. Medications at current dosing provides improved function and facilitates maintenance of activities of daily livings (ADLs) to include light household chores, shopping for groceries and cooking. The patient recalls frequent inability to adhere to recommended exercise regime without medications due to pain, now maintained with medication. Regarding Naproxen Sodium, treating physician states: "Patient failed trial of other non-steroidal anti-inflammatory drugs (NSAIDs): Ibuprofen, Diclofenac Sodium, ASA were non-efficacious and afforded no relief. Additional 2 point average diminution in pain, on a 10 point scale is achieved with NSAID and reported /documented increase in range of motion." With regards to Pantoprazole, the treating physician states: "recall history of gastrointestinal (GI) upset with NSAID without Proton-pump inhibitor (PPI), qd and bid dosing; however, no presence of GI upset with PPI @ ttid dosing. Recall failed first line PPI, Omeprazole, as was non-efficacious; patient did continue to appreciate occasional GI. Pantoprazole however does facilitate safe and effective adherence to NSAID consumption without GI upset therefore minimizing risks." The patient's other medications include Cyclobenzaprine, Hydrocodone and Tramadol. Upcoming left rotator cuff repair surgery has been authorized and the patient is temporarily totally disabled. Diagnosis on 08/29/14 includes tear supraspinatus/ partial labral tear/ acromioclavicular osteoarthropathy, left shoulder; and status post remote left shoulder surgery, December 2012. The utilization review determination being challenged is dated 10/09/14. Treatment reports were provided from 05/09/14 - 08/29/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Pantoprazole 20mg #90 1 PO TID (DOS 8/29/14): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), <http://www.drugs.com/pro/protonix.html>

**Decision rationale:** The patient presents with left shoulder pain and is status post remote left shoulder surgery (December 2012). He has been authorized for upcoming left rotator cuff repair surgery. The patient's diagnosis dated 08/29/14 included left shoulder supraspinatus tear, partial labral tear, and acromioclavicular osteoarthropathy. Medications at current dosing provides improved function and facilitates maintenance of activities of daily livings (ADLs) to include light household chores, shopping for groceries and cooking. The patient recalls frequent inability to adhere to recommended exercise regime without medications due to pain, now maintained with medication. The MTUS guidelines on page 69 states regarding NSAIDs, GI Symptoms and Cardiovascular Risk: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor (PPI), MTUS allows it for prophylactic use along with oral non-steroidal anti-inflammatory drugs (NSAIDs) when appropriate gastrointestinal (GI) risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. The Food and Drug Administration (FDA) states, "PROTONIX- Pantoprazole, a PPI, gastroesophageal reflux disease associated with a history of erosive esophagitis. Protonix IV for injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." With regards to Pantoprazole, treating physician states in progress report dated 08/29/14: "recall history of GI upset with NSAID without PPI, PPI@ qd and bid dosing; however, no presence of GI upset with PPI @ ttid dosing. Recall failed first line PPI, Omeprazole, as was non-efficacious; patient did continue to appreciate occasional GI. Pantoprazole however does facilitate safe and effective adherence to NSAID consumption without GI upset therefore minimizing risks." In this case, the patient does not present with GERD, treating physician has discussed patient's GI risk. He documented failure of Omeprazole and current medication's prophylactic efficacy in maintaining patient's adherence to NSAIDs. Continued use of this PPI appears indicated given its benefit. Therefore, this request is medically necessary.

### **Retrospective Naproxen Sodium 550mg #90 1 PO TID (DOS 8/29/14): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Chronic Low Back Pain, Medication for Chronic Pain Page(s): 22, 60.

**Decision rationale:** The patient presents with left shoulder pain. The request is for Naproxen Sodium 550MG #90 1PO TID (DOS 08/29/14). The patient is status post remote left shoulder surgery, December 2012. He has been authorized for upcoming left rotator cuff repair surgery. The patient's diagnosis dated 08/29/14, included left shoulder supraspinatus tear, partial labral tear, and acromioclavicular osteoarthropathy. Medications at current dosing provides improved function and facilitates maintenance of activities of daily livings (ADLs) to include light household chores, shopping for groceries and cooking. The patient recalls frequent inability to adhere to recommended exercise regime without medications due to pain, now maintained with medication. MTUS guidelines page 22 supports non-steroidal anti-inflammatory drugs (NSAIDs), for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS guidelines page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Regarding Naproxen Sodium, treating physician states in progress report dated 08/29/14: "Patient failed trial of other NSAIDs: Ibuprofen, Diclofenac Sodium, ASA were non-efficacious and afforded no relief. Additional 2 point average diminution in pain, on a 10 point scale is achieved with NSAID and reported/documentated increase in range of motion." Treating physician has discussed medication efficacy, and documented pain and function with specific examples that showed improved function. The medication benefited the patient and the request is in line with MTUS. Therefore, this request is medically necessary.