

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0180101 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 06/28/2012 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. The date of injury is 6/28/12. The diagnoses include tear in the supraspinatus, partial labral tear, and acromioclavicular osteoarthropathy of the left shoulder. The patient had left shoulder surgery on 12/2012. Under consideration is a request for retrospective Pantoprazole 20mg #90 1 PO TID (DOS 8/8/14); retrospective Naproxen Sodium 550mg #90 1 PO TID (DOS 8/8/14). An 8/29/14 progress report states that the patient complained of left shoulder pain rated at 7/10. The patient reported that the medication at dosing during the visit facilitated maintenance of activities of daily living (ADLs) with such as light household duties, shopping for groceries, grooming, and cooking. The non-steroidal anti-inflammatory drug (NSAID) did facilitate improved range of motion and additional 2 point average on scale of 10 diminution in pain. The document states that the patient reported history of gastrointestinal upset with NSAID with no proton pump inhibitor (PPI), the PPI at every day and twice a day dosing, however denied GI upset with PPI at the dose of three times a day. The patient had no history of ulcer, hemoptysis and hematochezia and denied any history of cardiac issues. On examination, there was diffused tenderness over the left shoulder. There was limited range of motion limited in all planes. There was spasm on the deltoid musculature and cervical trapezius was decreased. The treatment plan was to proceed with left shoulder rotator cuff repair, to request for post-operative physical therapy of the left shoulder 3 times a week for 4 weeks, transcutaneous electrical nerve stimulation (TENS) which was previously utilized by the patient, dispensed Tramadol ER ; Hydrocodone ; Naproxen Sodium 550mg 1 PO TIO quantity of 90, dispensed Pantoprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90 dispensed on 8/8/14: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.protonix.com/>

Decision rationale: Retrospective Pantoprazole 20mg #90 1 PO TID (DOS 8/8/14) is not medically necessary per the MTUS Chronic Pain medical Treatment Guidelines and the Protonix dosing guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The Protonix manufacturers state that Protonix is recommended as a once daily treatment except for pathological hypersecretory Conditions Including Zollinger-Ellison Syndrome. The dosing instructions state that the patients should use the lowest dose and shortest duration of PPI appropriate to the condition being treated. The guidelines state that the patient had dyspepsia on NSAID therapy and failed first line omeprazole but the documentation does not indicate a pathological hypersecretory Conditions Including Zollinger-Ellison Syndrome therefore the request for retrospective Pantoprazole 20mg #90 (DOS 8/8/14) is not medically necessary.

Naproxen Sodium 550mg #90 dispensed on 8/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Retrospective Naproxen Sodium 550mg #90 1 PO TID (DOS 8/8/14) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend for pain 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. For osteoarthritis the dose may be increased to 1500 mg/day of Naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). The request exceeds the guideline recommendations for daily dosing for this medication. Therefore the request for retrospective Naproxen Sodium 550mg #90 (DOS 8/8/14) is not medically necessary.