

Case Number:	CM14-0022572		
Date Assigned:	05/09/2014	Date of Injury:	06/30/2003
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 51 year old male who sustained an injury on 06/30/03. No specific mechanism of injury was noted. This appeared to be a cumulative trauma type injury. The injured worker had been followed for complaints of bilateral shoulder pain. Prior treatment included epidural steroid injections and prior left shoulder arthroscopy in 09/12. Other treatment included physical therapy and acupuncture sessions. Medication history included Norco and naproxen. The injured worker was also utilizing Protonix for gastrointestinal side effects. The rate of Norco was two per day. The injured worker reported that naproxen was more beneficial than Relafin. The injured worker was being followed by [REDACTED] for pain management. Physical examination findings with [REDACTED] noted tenderness to palpation over the shoulders and paraspinals bilaterally with good range of motion. Per records from [REDACTED] the injured worker was utilizing naproxen 550mg for severe pain or flare up of symptoms with a dose not to exceed 1500mg per day. The injured worker noted side effects from Naproxen including gastrointestinal disturbances. Physical examination findings from 01/20/14 noted continued tenderness to palpation in the cervical paraspinal musculature with good range of motion. There was tenderness over the bilateral shoulders and paraspinal regions. No impingement signs were noted. The requested Protonix 20mg #60 Norco 10/325mg #60 and naproxen 550mg #90 were non-certified by utilization review on 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPI's).

Decision rationale: The injured worker had continued use of naproxen for flare ups of musculoskeletal pain. With the use of naproxen the injured worker reported gastrointestinal side effects. Given the side effects from the ongoing use of anti-inflammatories and risk factors for continued anti-inflammatory use the prescription for proton pump inhibitor such as Protonix would be medically appropriate and considered standard of care. Therefore the request is medically necessary and appropriate.

NAPROXEN 550 MG # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: In regards to the request for Naproxen 550mg quantity 90, this reviewer would have recommended this medication as medically necessary. The injured worker was instructed to utilize naproxen on an as needed basis only for flare ups of musculoskeletal pain. The injured worker was reported to have good functional response to naproxen versus other anti-inflammatories. No side effects from continued naproxen use were noted. Given the efficacy obtained with naproxen to address flare ups of musculoskeletal pain the request is medically necessary and appropriate.

NORCO 10-325 # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Analgesics Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg quantity 60, from the clinical documentation submitted for review it is unclear what if any substantial functional benefit or pain reduction was obtained with the use of this medication. Per guidelines short acting narcotics such as Norco can be considered for ongoing chronic for ongoing moderate to severe musculoskeletal pain. However guidelines recommend that there be ongoing assessments identifying functional benefit and pain reduction obtained with the continued use of short acting narcotic. As the clinical documentation submitted for review did not clearly identify functional

benefit or specific pain reduction with the continued use of Norco this request is not medically necessary and appropriate.