

<b>Case Number:</b>	CM14-0047645		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2014

### 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 32 and is licensed to practice in California and Nevada. 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 47 year old male who sustained an injury on 09/24/09 due to falling and landing onto a sheet of plywood. The claimant initially sustained a displaced anterior and inferior glenoid fracture which was treated with stabilization and physical therapy. The injured worker had been followed for chronic pain in the left shoulder which was treated with multiple medications and as well being followed for post-traumatic headaches. The claimant reported no benefits from subacromial injections for the left shoulder or physical therapy. The injured worker did undergo a prior left shoulder arthroscopic glenohumeral debridement a partial synovectomy and Bankart repair as well as posterior capsular release with a subacromial decompression. Postoperatively, the injured worker was felt to have developed possible Chronic regional pain syndrome (CRPS) in the left upper extremity and did undergo left sided stellate ganglion blocks in April of 2012 followed by additional injections in May of 2012. No benefit was obtained with these injections. Medications have included the use of Nabumetone, Norco, Neurontin, Omeprazole, Promethazine, Trazadone, and Ambien. The injured worker was being provided Prozac to address depression. The patient was evaluated for a functional restoration program in October of 2013. This evaluation followed a permanent spinal cord stimulator implant in July of 2013. The clinical report on 02/07/14 noted ongoing complaints of pain in the left upper extremity as well as neck and low back pain and radiating pain to the right lower extremity. The injured worker felt that he had more pain with a reduction in the amount of stimulation provided by the implanted spinal cord stimulator. The claimant reported no benefits from recent lumbar epidural steroid injections. The injured worker reported no side effects with medications and felt that medications did help reduce pain. At this evaluation, Hydrocodone 10/325mg 1.5 tablets every 6 hours for pain was being utilized. The appeal letter from 03/07/14 indicated that the injured worker did have a prior history of heartburn and bowel irregularity.

The report indicated that Protonix was being prescribed to prevent further gastrointestinal complications occurring with the combined use of anti-inflammatories, Aspirin, and Hydrocodone. The requested Pantoprazole 20mg, quantity 60 with 3 refills and Hydrocodone 10/325mg, quantity 30 and quantity 96 were both denied by utilization review on 03/14/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective request for 1 prescription of Pantoprazole-Protonix 20 mg #60 with 3 refills:**  
Upheld

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

**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.

**Decision rationale:** It is noted in the clinical record that the injured worker was reported to have gastritis and heartburn secondary to the use of medications such as anti-inflammatories, Aspirin, and the use of opioid medications. The injured worker was utilizing this medication once daily without side effects. The requested amount of medications is excessive given the injured worker's frequency of follow ups with the treating physician. Therefore, the request for 1 prescription of Pantoprazole-Protonix 20 mg # 60 with three refills is not medically necessary and appropriate.

**Prospective request for 1 prescription of Hydrocodonebit/APAP 10/325 mg #30 #96:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** According to the MTUS guidelines, short acting narcotics can be considered as an option for the treatment of moderate to severe musculoskeletal pain. Guidelines do recommend that there be ongoing assessments regarding functional benefit and pain reduction obtained with the continued use of short acting narcotics. As the clinical documentation provided for review did not clearly identify any specific functional benefit or pain reduction obtained with the continued use of Hydrocodone and did not include any recent urine drug screen findings for compliance as recommended by guidelines, the request cannot be supported. Therefore, the request for Hydrocodonebit/APAP 10/325 mg # 30, # 96 is not medically necessary and appropriate.

