

Case Number:	CM14-0056988		
Date Assigned:	07/09/2014	Date of Injury:	02/11/2006
Decision Date:	11/03/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 54 year old male who was injured on 02/11/08 while driving a tractor trailer when he hit a bridge abutment and suffered injury to his neck and low back. The clinical note indicated that the injured worker underwent a left shoulder SLAP repair, subacromial decompression, and rotator cuff repair on 11/29/10. He has also undergone revision rotator cuff repair on 08/24/12. Conservative management included oral medications, physical therapy, massage, acupuncture, and lumbar epidural steroid injections. Current diagnoses include left shoulder joint pain, status post arthroscopy, cervical disc displacement, neck pain, sciatica, and lumbar disc displacement without myelopathy. The clinical note dated 04/01/14 indicated the injured worker presents with chronic low back pain and shoulder pain. The injured worker reports no acute changes to his pain condition. The injured worker continues to do home exercises and reports that medications are helpful for his pain. Without the medication he would not be able to walk very far or stand for long. There is no physical examination documented during this visit. The clinical note dated 06/05/14 the injured worker presents with chronic low back pain and shoulder pain. The injured worker reported stabbing low back pain with radiation into the proximal right lower extremity. He also notes numbness in the right toes. There was also pain in the left shoulder when he lifts objects. The injured worker indicated that he takes Norco tablet as needed for pain. There is no physical examination documented during this clinic visit. Medications include Naproxen Sodium 550mg, Pantoprazole-Protonix 20mg, Cyclobenzaprine 7.5mg, Ketamine 5% cream, Capzasin .075% cream, and Hydrocodone/Acetaminophen 10/325mg tablet. The previous requests for Naproxen Sodium 550mg #60 and Pantoprazole 20mg #60 were non-certified on 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. It is also generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time in patients with moderate to severe pain. Clinical notes indicate that this patient has been on NSAIDs for long term use. Furthermore, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. As such, the request for Naproxen Sodium 550mg #60 cannot be established as medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and Gastrointestinal Symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version, Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. In addition, there is no indication that the patient cannot utilize the readily available over-the-counter formulation for an equivalent efficacy and safety. As such, the request for Pantoprazole 20mg #60 cannot be established as medically necessary.