

<b>Case Number:</b>	CM14-0063096		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Geriatrics and is licensed to practice in New York. 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 56 year old man with a date of injury of 11/15/13. He was seen by his primary treating physician on 4/2/14 with complaints of severe left shoulder pain radiating down his left arm and increased blood pressure. His exam showed that his blood pressure was 147/97 and weight, 227lbs. His lungs were clear with 'continuous rhythm heart rate'. His left shoulder showed anterior and posterior tenderness with positive impingement. His diagnosis was a torn rotator cuff of the left shoulder. Prior notes indicate he had a prior MRI and had also received physical therapy after the initial injury through at least 2/14. The treatment plan was for him to continue anaprox, norco and protonix and undergo physical therapy and acupuncture to reduce pain and increase function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 68-69 Page(s): 68-69.

**Decision rationale:** This worker has chronic left shoulder pain and his medical course has included an MRI, physical therapy and use of several medications including NSAIDs and opioids. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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 records do not support that he is at high risk of gastrointestinal events as he does not meet the above criteria and has no gastrointestinal symptoms or diagnoses to justify medical necessity of protonix. Therefore, this request is not medically necessary.

**Physical Therapy 1xweek left shoulder (#visits not specified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for over two months as a modality and a self-directed home exercise program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic shoulder pain. This request is not medically necessary.