

<b>Case Number:</b>	CM14-0083062		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 & Rehabilitation, Pain Management and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 10/16/2013. The mechanism of injury was not provided. The injured worker continued to have right shoulder pain rated at a 9/10 on the VAS. She continued to have right knee pain rated at a 9/10 on the VAS. Her current medications included Anaprox DS 550 mg, Protonix DR 20 mg, Tylenol with Codeine 300/30 mg, and Lisinopril 20 mg. Upon examination on 05/20/2014, there was tenderness over the acromion, deltoid bursa, and acromioclavicular joint. The range of motion for the right was flexion at 110 degrees, extension at 30 degrees, abduction at 108 degrees, adduction at 50 degrees, internal rotation at 90 degrees, and external rotation at 80 degrees. The range of motion for the left was flexion at 180 degrees, extension at 50 degrees, abduction at 180 degrees, adduction at 50 degrees, internal rotation at 90 degrees, and external rotation at 90 degrees. The Neer's test was positive on the right shoulder. The empty can test was positive on the right shoulder. There was palpable tenderness over the LCL and tibial plateau of the right knee. Diagnostic studies included an MRI of the right knee on 11/27/2013, an x-ray of the right shoulder on 10/21/2013, an x-ray of the right hip on 10/21/2013, an x-ray of the right wrist on 10/21/2013, an x-ray of the right hand on 10/21/2013, an x-ray of the right knee on 10/21/2013, an x-ray of the right knee on 02/13/2014, an x-ray of the right shoulder on 02/26/2014, and an MRI of the right shoulder on 03/28/2014. The diagnoses included right knee medial meniscus tear, right knee degenerative joint disease, right shoulder impingement syndrome, right shoulder AC joint arthritis, and right shoulder rotator cuff tear. The request is for Protonix 20 mg 1 twice daily, Tylenol 30 mg #60 at 1 twice daily, and Anaprox 550 mg 1 twice daily #60. The rationale was not provided. The Request for Authorization was not provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg one twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Protonix 20 mg 1 twice daily is not medically necessary. The injured worker has a history of right shoulder pain and right knee pain. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of documentation as to the length of time the injured worker has been on NSAIDs. There is a lack of documentation of any functional benefit from said medication. As such, the request is not medically necessary.

**Tylenol 30 mg #60 one twice daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Pure-Agonist, On-going Management, Codeine Page(s): 74, 78, 92.

**Decision rationale:** The request for Tylenol 30 mg #60 at 1 twice a day is not medically necessary. The injured worker has a history of right shoulder and knee pain. California MTUS guidelines indicate that Tylenol w/ Codeine 3 should be used for moderate to severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker continued to have chronic pain. There is a lack of documentation of any significant improvement in pain symptoms. There is a lack of documentation of ongoing review management. There is a lack of documentation of the last urine drug screen provided. There is a lack of documentation of pain relief with functional status, medication appropriate use, and side effects. As such, the request is not medically necessary.

**Anaprox 550 mg one twice daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68,70,73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 72, 73.

**Decision rationale:** The request for Anaprox 550 mg 1 twice daily #60 is not medically necessary. The injured worker has a history of right shoulder and knee pain. California MTUS guidelines indicate that Anaprox is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There is a lack of documentation as to the time frame the injured worker has been receiving said medication. There is a lack of documentation of functional improvement from said medication. As such, the request is not medically necessary.