

Case Number:	CM14-0123079		
Date Assigned:	08/08/2014	Date of Injury:	03/15/2011
Decision Date:	04/03/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 27 year old male, who sustained an industrial injury on 3/15/2011. He has reported pain in bilateral shoulders and across the neck. The diagnoses have included left shoulder derangement, left rotator cuff syndrome, and thoracic sprain/strain with radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, chiropractic therapy, acupuncture, and steroid injections to shoulder. Currently, the IW complains of neck, low back, and bilateral shoulder pain. The physical examination from 5/28/14 documented tenderness over cervical and trapezius muscles, positive Spurling's and cervical distraction tests. There was tenderness and spasm T1-T12 with reduced Range of Motion (ROM). Lumbar spine also demonstrated tenderness and muscle spasms. The right shoulder revealed reduced Range of Motion (ROM), and there were bilateral positive impingement and supraspinous tests. The plan of care included continuation of medication therapy as previously prescribed. On 7/15/2014 Utilization Review non-certified Protonix 20mg, Norco 10/325mg and Anaprox DS #60, noting the medication frequency was not documented. The MTUS Guidelines were cited. On 8/4/2014, the injured worker submitted an application for IMR for review of Protonix 20mg, Norco 10/325mg and Anaprox DS #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)-Treatment for Workers' Compensation, Online Edition Chapter: Pain; Proton pump inhibitors(PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Protonix 20mg , is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck, low back, and bilateral shoulder pain. The physical examination from 5/28/14 documented tenderness over cervical and trapezius muscles, positive Spurling's and cervical distraction tests. There was tenderness and spasm T1-T12 with reduced Range of Motion (ROM). Lumbar spine also demonstrated tenderness and muscle spasms. The right shoulder revealed reduced Range of Motion (ROM), and there were bilateral positive impingement and supraspinous tests. The treating physician has not documented medication-induced GI complaints nor GI risk factors nor derived functional improvement from its use. The criteria noted above not having been met, Protonix 20mg is not medically necessary.

Norco10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 9 Shoulder, Chronic Pain Treatment Guidelines Opioids, specific drug list and criteria for us.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco10-325mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck, low back, and bilateral shoulder pain. The physical examination from 5/28/14 documented tenderness over cervical and trapezius muscles, positive Spurling's and cervical distraction tests. There was tenderness and spasm T1-T12 with reduced Range of Motion (ROM). Lumbar spine also demonstrated tenderness and muscle spasms. The right shoulder revealed reduced Range of

Motion (ROM), and there were bilateral positive impingement and supraspinous tests. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10-325mg is not medically necessary.

Anaprox DS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox DS #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has neck, low back, and bilateral shoulder pain. The physical examination from 5/28/14 documented tenderness over cervical and trapezius muscles, positive Spurling's and cervical distraction tests. There was tenderness and spasm T1-T12 with reduced Range of Motion (ROM). Lumbar spine also demonstrated tenderness and muscle spasms. The right shoulder revealed reduced Range of Motion (ROM), and there were bilateral positive impingement and supraspinous tests. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox DS #60 is not medically necessary.