

<b>Case Number:</b>	CM14-0199218		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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 patient is a 57 year old female with an injury date on 10/16/2013. Based on the 11/05/2014 progress report provided by the treating physician, the diagnoses are: 1. Right knee medial meniscus tear 2. Right knee degenerative joint disease 3. Rotator cuff tear of the right shoulder 4. Right shoulder AC joint arthritis. According to this report, the patient complains of "continues to have right shoulder pain, rated as an 8-9 on VAS without the use of her medications and reduces to a 7-8 with the use of her medications. She continues to have right knee pain, rated as an 8-9 on VAS without the use of her medications and reduces to a 7-8 with the use of her medications." Examination findings for the shoulder show positive Neer's, anterior Apprehension test and posterior Apprehension test on the right. The patient "presents in a right knee hinged brace walking with an antalgic gait favoring the left leg." There is palpable tenderness over the lateral joint lines of the right knee. There is mild Valgus instability with pain. The patient's condition is "Temporary Totally Disabled until Dec 17, 2014." The patient's past treatment consists of physical therapy, injections, and medications. The treatment plan is to request authorization for psychotherapy, provide sleep medications, awaiting medical clearance to proceed with right shoulder surgery, continue with current medications, UDS, and follow up in four to six weeks. There were no other significant findings noted on this report. The utilization review denied the request for (1) Restoril 30 mg #30 and (2) Protonix 20 mg #60 on 11/11/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/12/2014 to 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the 11/05/2014 report, this patient presents with right shoulder and knee pain. The current request is to start Restoril 30 mg #30 "for sleep interrupted by pain." MTUS guidelines page 24, does not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In this case, the treating physician does not mentions that this medication is for short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. The current request is not medically necessary.

**Protonix 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

**Decision rationale:** According to the 11/05/2014 report, this patient presents with right shoulder and knee pain. Per this report, the current request is for "refill" of Protonix 20 mg #60. This medication was first mentioned on the 06/12/04 report. Patient's current medications are Anaprox, Protonix, Ultram, and Lisinopril. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is currently on NSAID and there is no mention of the patient having gastrointestinal side effects with medication use. The patient is not over 65 years old and no other risk factors are present. There is no discussion regarding symptoms of gastritis, reflux or other condition that would require a PPI. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary.