

<b>Case Number:</b>	CM14-0217325		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 11/9/12. She has reported right shoulder injury. The diagnoses have included persistent impingement and adhesive capsulitis of right shoulder and lumbar strain with degenerative disc disease. Treatment to date has included right shoulder subacromial decompression and full thickness rotator cuff tear. Currently, the injured worker complains of severe pain and limited range of motion of right shoulder status post arthroscopic surgery. Physical exam dated 11/19/14 revealed limited range of motion of right shoulder. On 12/15/14 Utilization Review non-certified Protonix 20mg #90, noting she is not a candidate currently for this medication as she is not taking NSAIDS and Fexmid 7.5mg #90, noting it is recommended for back and not shoulder pain. The MTUS, ACOEM Guidelines, was cited. On 12/20/14, the injured worker submitted an application for IMR for review of Protonix 20mg #90 and Fexmid 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #90:** Overturned

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

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

**Decision rationale:** The patient presents with severe pain and limited range of motion of right shoulder status post arthroscopic surgery. The current request is for Protonix 20mg #90. Protonix (pantoprazole) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. The treating physician states on 12/20/14 (B83) that the patient "provided history of GI risk factors, PPI is dispensed compliant with Guidelines to minimize potential for development of adverse GI events with NSAID on board. Recalls first line drug omeprazole failed as GI adverse effects did remain". The physician continues "History of GI upset with NSAID on board without a PPI, PPI @ qd and bid dosing, no GI upset with PPI at current dosing tid." The patient is currently taking Naproxen. MTUS guidelines support the use of this medication for prophylaxis with NSAIDs if GI assessment has been provided. GI assessments include age > 65, history of PUD or bleeding ulcer, concurrent use of other anti-coagulants or high dose NSAIDs, etc. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease a non-selective NSAID with either a PPI or misoprostol or a Cox-2 selective agent is recommended. In this case, the treating physician has documented history of GI upset with NSAID use. The current request is medically necessary and the recommendation is for authorization.

**Fexmid 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS, Cyclobenzaprine (Fexmid) Page(s): 63-66.

**Decision rationale:** The patient presents with severe pain and limited range of motion of right shoulder status post arthroscopic surgery. The current request is for Fexmid 7.5mg #90. Fexmid (Cyclobenzaprine) is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. The treating physician states 12/20/14 (B83) that the patient "recalls history of spasm refractory to moist heat, cold, activity modification, stretching, exercise, TENS with resultant steady decrease in activity as well as range of motion. At tid dosing decreases spasm significantly with resultant greater level of activity, exercise, and improved range of motion as documented objectively". MTUS guidelines regarding Cyclobenzaprine (Fexmid) state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. It goes on to state "Dosing: 5 mg three times a day can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks". In this case, the patient has been taking this medication since 11/19/14. The duration of treatment is therefore significantly longer than the 2-3 weeks recommend by MTUS Guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.

