

Case Number:	CM15-0136113		
Date Assigned:	07/27/2015	Date of Injury:	11/10/2011
Decision Date:	09/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on November 10, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post right shoulder surgery in 2013, status post remote left knee meniscectomy, left knee moderate to severe osteoarthopathy and medial meniscus tear, right elbow pain, and right medial neuropathy. Diagnostic studies were not included in the provided medical records. Treatment to date has included physical therapy, home exercise, heat, cold, stretching, activity modifications, transcutaneous electrical nerve stimulation (TENS), and medications including analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 8, 2015, the injured worker complains of worsening left knee pain and pain of the neck, right shoulder, and right wrist-hand. Her pain is rated: left knee = 8/10, cervical = 6/10, right shoulder = 7/10, and right wrist-hand = 5/10. Her analgesic decreases her pain. Non-steroidal anti-inflammatory medication decreases her achy pain and provides her with increased range of motion. It was noted that the injured worker had experienced gastrointestinal upset with use of non-steroidal anti-inflammatory alone and that the gastrointestinal upset persisted with the use of Omeprazole. She has no gastrointestinal upset with her current proton pump inhibitor dose three times a day. The physical exam revealed limited range of motion of the right shoulder, less pronounced spasm of the right deltoid-cervical trapezius, tenderness and swelling of the left knee, and decreased spasm of the calf musculature. The right wrist-hand exam was noted to be unchanged. Her work status was described as temporarily totally disabled for 4 weeks. The treatment plan includes Naproxen Sodium 550mg three times a day and Pantoprazole 20mg one three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, quantity: 90 (date of service: 06/08/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 550 mg #90 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn 550 mg #90 is not medically necessary.

Pantoprazole 20mg, quantity: 90 (date of service: 06/08/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. Although the medical record documents that pantoprazole at 20 mg tid dosing controls gastritis symptoms which occur when she is treated with NSAID, this dose (60 total mg pantoprazole daily) exceeds the recommended dose for prophylaxis. Additionally, the NSAID is non-certified in a separate decision so ongoing use of pantoprazole is not medically necessary.