

Case Number:	CM15-0137013		
Date Assigned:	07/28/2015	Date of Injury:	10/31/2008
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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: California

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 57 year old female, who sustained an industrial injury on 10-31-2008. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05-27-2015 the injured worker has reported right shoulder pain, left shoulder pain, low back pain, cervical pain, left elbow pain and left wrist pain. On examination, the right shoulder revealed diffuse tenderness and a limited range of motion. Left shoulder was noted to be tender. Cervical spine range of motion was decreased and lumbar exam was noted as essentially unchanged. The diagnoses have included status post right shoulder surgery- 06-2013, left shoulder pain, cervical pain, left wrist pain, left elbow pain. The injured worker was noted to have history of gastrointestinal issues with NSAIDS. Treatment to date has included medication. The injured worker was noted to be permanent and stationary. The provider-requested Naproxen and Pantoprazole was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 90 (retrospective dispensed 5/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of significant improvement in pain or function to support the continued use of Naproxen. The request for Naproxen 550 mg Qty 90 (retrospective dispensed 5/27/15) is not medically necessary and appropriate.

Pantoprazole 20 mg Qty 90 (retrospective dispensed 5/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID for the patients at risk for gastrointestinal events. However, the injured worker has not been deemed an appropriate candidate for the ongoing utilization of Naproxen. In addition, per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Per ODG, The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). The request for Pantoprazole 20 mg Qty 90 (retrospective dispensed 5/27/15) is not medically necessary and appropriate.