

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0137089 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 06/30/2003 |
| <b>Decision Date:</b> | 09/24/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: New Jersey

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 66 year old female, who sustained an industrial injury on 6-30-03. She reported pain in her neck and left shoulder. The injured worker was diagnosed as having cervical radiculitis and left rotator cuff tear. Treatment to date has included a left shoulder MRI, Vicodin, Ambien, Naprosyn and Zantac since at least 3-2-15. As of the PR2 dated 6-24-15, the injured worker reports neck and left shoulder pain. Objective findings include a positive cervical compression test and abductor weakness in the left shoulder. The treating physician requested Naprosyn 500mg #60 and Zantac 150mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60:** 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 NSAIDs, pp. 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having used Naprosyn chronically leading up to this request for continuation of this medication on a chronic basis. There was no evidence to suggest this request was intended to be a short-term treatment of a flare-up. Considering the age of the worker and the associated risks associated with the ongoing and chronic use of Naprosyn, as well as the lack of supportive reports on the effectiveness of this drug on function and pain reduction (missing from documentation presented for review), the request for Naprosyn is not medically necessary.

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

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

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H2-blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. Although the worker's use of Naprosyn and age may warrant consideration of continuation of Zantac, there is no support to continue the Naprosyn with its significant risks associated with continued chronic use, and therefore, the Zantac is not medically necessary.