

Case Number:	CM15-0143595		
Date Assigned:	08/05/2015	Date of Injury:	07/11/2012
Decision Date:	09/25/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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, 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 46-year-old female, with a reported date of injury of 07-11-2012. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post left shoulder arthroscopy; left shoulder rotator cuff tendinopathy and calcific tendinitis; compensatory right shoulder component, rule out impingement and rotator cuff pathology; rule out upper extremity compression neuropathy; cervical-induced headaches; cervical myofascial pain; and bilateral carpal tunnel syndrome. Treatments and evaluation to date have included physical therapy for the right shoulder, home exercises for the left shoulder, left shoulder arthroscopy on 07-14-2014, oral medications, and right shoulder corticosteroid injection. The reports for the diagnostic studies to date were not included in the medical records. The medical report dated 06-13-2015 indicates that the injured worker complained of left shoulder pain, which was worsening, and rated 7 out of 10. She also complained of right shoulder pain, rated 5 out of 10 and bilateral wrist and hand pain, which was rated 5 out of 10. It was noted that the injured worker denied side effects from the medications taken. The objective findings include tenderness of the left shoulder; crepitus with range of motion assessment; flexion at 80 degrees; extension at 70 degrees; external rotation at 40 degrees; internal rotation at 40 degrees; impending adhesive capsulitis; swelling of the left shoulder; atrophy of the left shoulder deltoid musculature; moderately positive Tinel's and Phalen's of the bilateral wrists and hands; and diminished sensation of the median nerve distribution. It was noted that an MRI of the shoulder showed rotator cuff pathology and calcific tendinitis. The treatment plan included prescribed

medications. The injured worker's disability status was documented as temporarily totally disabled for four weeks. The treating physician requested Pantoprazole 20mg #60 and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The patient presents with right shoulder and bilateral wrist/hand pain. The current request is for Pantoprazole 20mg, 60 count. The treating physician's report dated 06/13/2015 states, "Medications include hydrocodone, naproxen, pantoprazole, Ambien. Denies side effects." The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: 1) age > 65 years; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4) high dose/multiple NSAID e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." 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." The medical records show that the patient was prescribed pantoprazole prior to 03/05/2015. The patient is not over 65. She does not have a history of peptic ulcer disease and GI bleeding or perforation. No concurrent use of ASA, corticosteroid, anticoagulant and high-dose/multiple NSAID was noted. The physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. In this case, the patient does not meet the criteria based on the MTUS guidelines. The current request is not medically necessary.

Naproxen 550 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

Decision rationale: The patient presents with right shoulder and bilateral wrist/hand pain. The current request is for Naproxen 55 mg, 60 count. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The medical records show that the patient was prescribed Naproxen prior to 03/05/2015. None of the

medical reports discuss medication efficacy as it relates to the use of Naproxen. Given the lack of functional improvement while utilizing Naproxen, the current request is not medically necessary.