

<b>Case Number:</b>	CM15-0201823		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/21/2007
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 21, 2007. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for Motrin and Protonix. The claims administrator referenced a September 15, 2015 office visit and an associated September 28, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015, the applicant reported ongoing complaints of bilateral shoulder and bilateral upper extremity pain, exacerbated by lifting and reaching overhead. The applicant was using Tylenol No. 3, Norco, and Motrin for pain relief, the treating provider reported. The attending provider contended that the applicant's pain medications were reducing the applicant's pain complaints from 10/10 without medications to 2/10 with medications. In another section of the note, it was stated the applicant was using Norco, aspirin, Wellbutrin, hydrochlorothiazide, Levoxyl, tizanidine, Motrin, Colace, Protonix, and Lidoderm patches. The applicant had tentative functional restoration program, the treating provider reported. Permanent work restrictions were renewed. Somewhat incongruously, the treating provider stated in another section of note that Protonix is being employed to combat issues with reflux associated with usage of oral medications. There was no mention of whether or not Protonix was or was not beneficial, however in attenuating the same. On May 26, 2015, it was not explicitly stated whether the applicant was or was not working with permanent limitation in place, although this did not appear to be the case. On May 26, 2015, the applicant again reported 6/10 without medications versus 3/10 with medications. Permanent work restrictions, Tylenol

No. 3, Motrin, and Diclofenac containing cream were renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitations in place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pantoprazole-Protonix 20mg, #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Yes, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. Here, the treating provider reported in some sections of his September 15, 2015 office visit that the applicant was in fact employing Protonix to combat issues with medication-associated dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

#### **Motrin-Ibuprofen 800mg, #30, 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Conversely, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia, as was/is seemingly present here, is to cease the offending NSAID. Here, the attending provider did not state why he chose to continue Motrin in the face of the applicant's having developed issues with dyspepsia associated with the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, work restrictions were renewed, unchanged from previous visits, on a September 15, 2015 office visit at issue. It did not appear that the applicant was working with said limitations in place. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3 and Norco, the treating provider acknowledged. The applicant continued to report issues with difficulty performing activities as basic as lifting, reaching overhead, gripping, grasping, the treating provider reported on that date. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.