

<b>Case Number:</b>	CM15-0208655		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Arizona, 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 39 year old female, who sustained an industrial injury on 03-08-2014. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included right shoulder impingement-bursitis; right shoulder superior labrum anterior and posterior tear; adhesive capsulitis of shoulder; status post right shoulder arthroscopic subacromial decompression, on 01-19-2015; cervical stenosis; cervical radiculopathy; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, activity modification, ice, injection, physical therapy, and surgical intervention. Medications have included Naproxen, Norco, Tramadol, Flexeril, Prilosec, Capsaicin Cream, and Protonix. A progress report from the treating provider, dated 08-28-2015, documented an evaluation with the injured worker. The injured worker reported severe right shoulder pain with limited range of motion, inability to do any reaching, pushing, pulling, or above-shoulder-level activities; ongoing low back pain with pain radiating down the upper extremities; and numbness in both upper extremities, ulnar aspects of both hands, with weakness of grip and grasp. Objective findings included the right shoulder has abduction to 80 degrees and forward flexion to 70 degrees; she externally rotates 70 degrees with markedly positive impingement signs on Hawkins and Neer testing; slight hypesthesia to light touch and pinprick over the ulnar aspect of the right forearm and hand; she has diffuse tenderness throughout the lower lumbar area; range of motion demonstrates forward bending at 60 degrees and extension at 60 degrees; and straight leg raising is positive. The treatment plan has included the request for Protonix 20mg #90; and Anaprox 550mg #90. The original utilization review, dated 09-25-2015, modified the request for Protonix 20mg #90, to certify

Protonix 20mg total #60; and modified the request for Anaprox 550mg #90, to certify Anaprox 550mg total #60.

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

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

**Protonix 20mg #90:** Upheld

**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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Long-term use is not indicated. Therefore, the continued use of Protonix is not medically necessary.

**Anaprox 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs intermittently for over a year along with opioid use. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risk and in this case was managed with prophylactic Protonix. Continued use of Anaprox is not medically necessary.