MAXIMUS Federal Services

Case Number:	CM15-0020805		
Date Assigned:	02/10/2015	Date of Injury:	11/10/2011
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 70-year-old female, with a reported date of injury of 11/10/2011. The diagnoses include status post right shoulder surgery, status post remote meniscectomy of the left knee, left knee moderate to severe osteoarthropathy and medial meniscus tear, right elbow pain, and right median neuropathy. Treatments have included physical therapy, heat, cold, stretching, non-steroidal anti-inflammatory drugs (NSAIDs), and transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 12/29/2014 indicates that the injured worker complained of left knee pain, rated 7 out of 10; right shoulder pain, rated 5 out of 10; and right wrist/hand pain, rated 5 out of 10. She stated that the medication decreased the pain, improved range of motion, and resulted in improved function and greater level of activity. The objective findings included tenderness of the left knee, swelling of the left knee, limited range of motion of the right shoulder, decreased spasm of the calf musculature, less pronounced spasm of the right deltoid/cervical trapezius, and an unchanged examination of the right wrist/hand. The treating physician requested Naproxen 550mg #90, one by mouth three times a day to improve tolerance to exercise and range of motion; and pantoprazole 20mg #90, one by mouth three times a day due to history of gastrointestinal upset with Naproxen use. On 01/28/2015, Utilization Review (UR) denied the retrospective request for Naproxen 550mg #90 (date of service: 12/29/2014) and Pantoprazole 20mg #90 (date of service: 12/29/2014), noting that the injured worker had a date of injury over three years prior and the guidelines recommend Naproxen for short-term use only; and there was no documentation that indicated that the injured worker had increased

gastrointestinal risk and pantoprazole was not supported at that time. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen Sodium 550mg #90 dispensed: 12/29/14: Overturned

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, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient, a 70-year-old female with an injury date of 11/10/11, presents with knee pain rated 07/10, right shoulder pain rated 05/10 and right wrist/hand pain rated 05/10. The request is for RETROSPECTIVE NAPROXEN SODIUM 550MG #90 DISPENSED ON 12/29/14. The RFA is not provided. Patient's diagnosis on 12/29/14 included status post right shoulder surgery in December 2013, status post remote meniscectomy, left knee, left knee moderate to severe osteoarthropathy and medial meniscus tear, right elbow pain, and right median neuropathy. Concomitant medications included Tramadol ER. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period. The prescription for Naproxen was dispensed on 12/29/14. Per progress report dated 12/29/14, patient indicates medication decreases pain and results in improved function and greater level of activity. ADLs maintained with medication on board including grocery shopping, bathing, grooming, daily household duties such as preparation of food and taking out trash Reports further indicate decrease in pain, 3 points average on scale of 10, with NSAID. Objective improvement with NSAID includes improved tolerance to exercise and improved range of motion. In this case, although this information is not specific to only Naproxen, it is contributing to the patient's overall improvement in pain and function. Additionally, the patient does suffer from chronic pain for which NSAIDs are indicated. Therefore, patient can continue taking Naproxen at the treater's discretion. The request IS medically necessary.

Retrospective Pantoprazole 20mg #90 dispensed: 12/29/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient, a 70-year-old female with an injury date of 11/10/11, presents with knee pain rated 07/10, right shoulder pain rated 05/10 and right wrist/hand pain rated 05/10. The request is for RETROSPECTIVE PANTOPRAZOLE 20MG #90 DISPENSED ON 12/29/14. The RFA is not provided. Patient's diagnosis on 12/29/14 included status post right shoulder surgery in December 2013, status post remote meniscectomy, left knee, left knee moderate to severe osteoarthropathy and medial meniscus tear, right elbow pain, and right median neuropathy. Concomitant medications included Tramadol ER. Patient is temporarily totally disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis." In regards to the request for Pantoprazole, the request appears reasonable. Patient has a history of GI upset without PPI and was considered at intermediate risk for development of adverse GI events with NSAID, per history. The patient was concurrently treated with Naproxen sodium 550 mg since at least 12/29/14. The concurrent use of a PPI as a prophylactic measure is supported by guidelines as medically appropriate. Therefore, the request IS medically necessary.