

Case Number:	CM15-0218585		
Date Assigned:	11/10/2015	Date of Injury:	09/26/2014
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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: Washington, 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 injured worker is a 58 year old female who sustained an industrial injury on 09-26-2014. A review of the medical records indicated that the injured worker is undergoing treatment for calcific tendinitis of the right shoulder and right carpal tunnel syndrome. The injured worker is status post right carpal tunnel release on 04-14-2015. Prior treatments have included diagnostic testing, surgery, activity modification, steroid injection to the right shoulder, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, home exercise program, extracorporeal shockwave therapy to the right shoulder (at least two) and medications. According to the treating physician's progress report on 10-22-2015, the injured worker continued to experience right shoulder pain rated at 8 out of 10 on the pain scale and right wrist pain rated at 5 out of 10 on the pain scale. Naproxen helped patient do her activities of daily living (ADLs) and lessened pain. The cyclobenzaprine continued to decrease muscle spasms and increase functional activities. The injured worker has no history of ulcers, hemoptysis, hematochezia and cardiac disease however she recalls history of gastrointestinal (GI) upset with non-steroidal anti-inflammatory drugs (NSAIDs) when not taking proton pump inhibitors. Current medications were listed as Naproxen, (since at least 04-2015) Cyclobenzaprine (since at least 01-2015), Pantoprazole (since at least 01-2015) and Duloxetine. Examination of the right wrist demonstrated a well-healed incision and no signs of infection. The right shoulder examination noted tenderness diffusely with range of motion documented as flexion at 120 degrees, abduction at 110 degrees, and internal and external rotation at 80 degrees each. Treatment plan consisted of additional extracorporeal shockwave therapy to the right shoulder,

magnetic resonance imaging (MRI) of the right shoulder, Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral upper extremities, DNA genetic testing and the current request for retrospective request for Naproxen Sodium 550mg three times a day #90 (DOS: 10-01-2015), Pantoprazole 20mg three times a day #90 (DOS: 10-01-2015) and Cyclobenzaprine 7.5mg three times a day #90 (DOS: 10-01-2015). On 10-23-2015 the Utilization Review determined the retrospective request for Naproxen Sodium 550mg three times a day #90 (DOS: 10-01-2015), Pantoprazole 20mg three times a day #90 (DOS: 10-01-2015) and Cyclobenzaprine 7.5mg three times a day #90 (DOS: 10-01-2015) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen Sodium 550mg 1 Tab Po Tid #90, DOS: 10/1/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naprosyn (naproxen) is a non-steroidal anti-inflammatory medication (NSAID). It is available in prescription strengths of 250 mg, 375 mg, 500 mg and 550 mg to be use every 12 hrs. NSAIDs as a group are recommend for treatment of arthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has not been diagnosed with arthritis. She has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the her chronic injuries. Further use of NSAIDs should be limited to exacerbations of her injuries. Additionally, the provider has not provided an indication or stated reasoning for using this medication three times per day. Medical necessity for continued daily use of this medication has not been established; the request is not medically necessary.

Retro Pantoprazole 20mg 1 Tab PO TID #90, DOS: 10/1/2015: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines (ODG) recommends use of proton pump inhibitors for patients at risk of gastrointestinal events. This patient is not approved for chronic NSAID therapy and has no gastrointestinal diagnosis requiring regular use of this medication. Furthermore, the medication is indicated for use one to two times per day. The provider has requested use three times per day but did not document a reason for using this high dosage. Continuation of this medication is not indicated. The request is not medically necessary.

Retro Cyclobenzaprine 7.5mg 1 Tab Po Tid Prn #90, DOS:10/1/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. The MTUS recommends use of cyclobenzaprine for muscle spasms and/or pain relief associated with chronic low back pain. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 6 months with continued benefit in improving mobility and function. Since it has maintained effectiveness and there are no contraindications to its continued use, this medication remains an option in therapy. The request is medically necessary.