

<b>Case Number:</b>	CM15-0038770		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 48-year-old male, who sustained an industrial injury on February 1, 2012. He reported right shoulder pain. The injured worker was diagnosed as having status post right shoulder surgery. Treatment to date has included medications, shoulder surgery, and physical therapy. Currently, the injured worker complains of intermittent right shoulder pain. Physical findings revealed are positive right shoulder impingement sign, right shoulder tenderness, and range of motion of the right shoulder within normal limits. Diagnostic imaging reports are not available for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox, unknown dose and quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The patient presents with intermittent right shoulder pain following right shoulder surgery. The current request is for Anaprox, unknown does and quantity. The IMR was requested for an unknown does and unknown quantity. The RFA dated 1/26/15 (75B) that lead to the UR denial (7B) and subsequent IMR specifically requested "Anaprox 550mg 1 p.o. BID #60." However, the IMR was requested for an unknown does and quantity and therefore cannot be found medically necessary. The treating physician states on 1/26/15 (77B) that the patient "continues to have right shoulder pain, rated as an 8/10 without the use of his medications and reduces to a 4/10 on VAS with the use of his medications. The patient will continue with his current medications." Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the clinical history provided is brief regarding the patient's record of pain and function with the medication regardless of the clinical history provided for review the current request is not specific in terms of does and/or quantity. Therefore, the current request is not medically necessary and the recommendation is for denial.

**Protonix, unknown dose and quantity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** The patient presents with intermittent right shoulder pain following right shoulder surgery. The current request is for Protonix, unknown does and quantity. The IMR was requested for an unknown does and unknown quantity. The RFA dated 1/26/15 (75B) that lead to the UR denial (7B) and subsequent IMR specifically requested "Protonix 20mg 1 p.o. BID #60." However, the IMR was requested for an unknown does and quantity and therefore cannot be found medically necessary. The treating physician states on 1/26/15 (77B) that the patient "continues to have right shoulder pain, rated as an 8/10 without the use of his medications and reduces to a 4/10 on VAS with the use of his medications. The patient will continue with his current medications." MTUS under NSAIDs, GI symptoms & cardiovascular risk states "Recommendation with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been medicating with an oral NSAIDs however the NSAID has now been denied. Additionally, there is minimal to no documentation of any GI complaints and/or clinical diagnosis as to why the medication was prescribed. Finally, the current request is not specific in terms of does and/or quantity. Therefore, the current request is not medically necessary and the recommendation is for denial.

