

<b>Case Number:</b>	CM15-0056284		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 56 year old male, who sustained an industrial injury on 09/12/2012. Treatment to date has included MRI, electrodiagnostic testing, cervical epidural steroid injection and medications. According to a progress report dated 02/12/2015, the injured worker was seen in follow-up for the right shoulder, right elbow and neck pain. Current medications included Naproxen, Pantoprazole, Gabapentin and Morphine Sulfate ER. Diagnoses included pain in joint shoulder, pain in joint forearm, syndrome cervicobrachial and neck pain. An MRI revealed a chronic SLAP (superior labral anterior posterior) tear and tendinosis of the rotator cuff as well as long head of biceps down sloping acromion. Right shoulder surgery had been authorized but they were waiting to receive authorization from the insurance company. In regards to the right elbow, the injured worker was using a right elbow sleeve with benefit. The injured worker had neck pain with radiation into the right upper extremity with more numbness and tingling in the right upper arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg Qty 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The patient presents with right shoulder, right elbow, and neck pain. The patient is status post right knee surgery from 2005. The physician is requesting Gabapentin 600 mg, Quantity 180. The RFA dated 02/19/2015 shows a request for gabapentin 600-mg tablet #180 to take 2 tablets in the morning, 2 in the afternoon, and 2 in the evening. The patient's date of injury is from 09/12/2012, and he is currently on modified duty. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed gabapentin on 08/25/2014. The 12/18/2014 progress report notes that his medications help a lot in reducing his pain from 10/10 on VAS to a 4-5/10. His reduction in pain allows him to perform more normal daily activities with less pain. In this case, the physician has noted medication efficacy and the continued use of gabapentin is medically necessary.

**Pantoprazole 20 mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); GI symptoms & cardiovascular risk Page(s): 67-68.

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

**Decision rationale:** The patient presents with right shoulder, right elbow, and neck pain. The patient is status post right knee surgery from 2005. The physician is requesting Pantoprazole 20 mg, Quantity 60. The RFA dated 02/19/2015 shows a request for pantoprazole 20 mg sig. 1 tab daily with naproxen stomach/estomago, quantity 60. The patient's date of injury is from 09/12/2012 and he is currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions". MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI". The records showed that the patient was prescribed pantoprazole on 08/25/2014. The 12/18/2014 progress report notes that the patient has GI upset secondary to medication use. He states that his medications helped a lot and it reduces his pain from 10/10 to 4/10 to 5/10. This reduction allows him to perform normal daily activities with

less pain. In this case, the physician has noted gastrointestinal events, and the continued use of pantoprazole is warranted. The request is medically necessary.

**Naproxen Sodium (Anaprox) 550 mg Qty 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with right shoulder, right elbow, and neck pain. The patient is status post right knee surgery from 2005. The physician is requesting Naproxen Sodium-Anaprox 550 mg, Quantity 90. The RFA dated 02/19/2015 shows a request for naproxen sodium-Anaprox 550 mg sig. takes 1 every 12 hours with food, anti-inflammatory, quantity 90. The patient's date of injury is from 09/12/2012 and he is currently on modified duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed naproxen on 08/25/2014. The 12/18/2014 progress report notes that the patient continues to use naproxen for anti-inflammatory. He states that the medications help a lot and it does reduce his pain from 10/10 on the VAS scale to a 4/10 to 5/10. His reduction in pain allows him to perform normal activities of daily living with less pain. In this case, the physician has noted medication efficacy and the continued use of naproxen is warranted. The request is medically necessary.