MAXIMUS Federal Services

Case Number:	CM15-0086594		
Date Assigned:	05/08/2015	Date of Injury:	02/21/2013
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male patient who sustained an industrial injury on 02/21/2013. A follow up visit dated 01/14/2015 reported the patient with subjective complaint of right shoulder pain. Of note, he is scheduled for a right shoulder surgical procedure on 01/29/2015. He has exhausted conservative treatment including physical therapy, injection, and medications. He has tenderness along the right shoulder, positive impingement and Hawkin's sign and weakness against resistance. The following diagnoses are applied: right shoulder impingement, rotator cuff strain, and bicipital tendonitis and high-riding humerus; discogenic cervical condition with facet inflammation and right-sided radiculopathy; ulnar neuritis; carpal tunnel syndrome, right; developing left shoulder impingement secondary to compensation for right injury. The plan of care involved: shoulder immobilizer, recommending post-operative physical therapy. He is currently not working. Back on 12/04/2014 the patient had subjective complaint of right shoulder pain that radiates to the right arm, and upper extremity. Current medications: omeprazole, Advil, Tylenol, Ultracet, and Tramadol. He has tried Hydrocodone. He is temporarily totally disabled. Objective findings showed tenderness to palpation of the right shoulder along with restricted range of motion in all directions. Right shoulder with positive impingement signs including: Neer's, Hawkin's and Scaption. The impression found the patient with full thickness, full width supraspinatus tear; possible anterosuperior labral tear; acromioclavicular joint arthropathy; right shoulder internal derangement, subluxation, labral tear, impingement, and strain/sprain. The plan of care involved: proceeding with scheduled surgery, continue with current medications, and follow up in 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: The MTUS makes the following recommendations for the use of proton pump inhibitors. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the injured worker 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. Recommendations Injured workers with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Injured workers at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Injured workers at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. Cardiovascular disease: A non-pharmacological choice should be the first option in injured workers with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short term needs. An opioid also remains a short-term alternative for analgesia. Major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxyn plus low-dose aspirin plus a PPI. Mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxyn is ineffective, the suggested treatment is: (1) the addition of aspirin to naproxyn plus a PPI; or (2) a low-dose Cox-2 plus ASA. According to the records available for review the injured worker does not meet any of the guidelines required for the use of this medication therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.