

Case Number:	CM14-0133757		
Date Assigned:	08/25/2014	Date of Injury:	07/12/2007
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58 year-old male with a history of a work injury occurring on 07/12/07. He has undergone multiple surgeries with a right arthroscopic subacromial decompression on in April 2008 and a repeat right shoulder arthroscopy in July 2009. He underwent right wrist arthroscopic triangular fibrocartilage debridement in January 2010. He underwent left shoulder decompression surgery in May 2011. EMG/NCS testing in July 2010 is referenced as showing mild bilateral carpal tunnel syndrome. An MRI of the cervical spine on 01/05/12 showed multilevel spondylosis unchanged from a prior scan. Treatments included multiple courses of physical therapy, medications, and psychotherapy. He was seen by the requesting provider on 01/06/14. He was having bilateral foot pain and stiffness and occipital headaches. Pain was rated at 2-6/10. His activity level had decreased. Medications were ibuprofen and acetaminophen. Physical examination findings included decreased cervical spine range of motion with spinous process tenderness and increased muscle tone. There was decreased shoulder range of motion with positive impingement testing and tenderness over the heels bilaterally. There was limited and painful knee range of motion. Authorization for acupuncture was requested. He was referred for evaluation of symptoms of gastroesophageal reflux disease. Flexeril 5 mg #60, and Ultram 50 mg #60 were prescribed. He was continued at temporary total disability. On 02/11/14 he was having abdominal pain with retrosternal pressure and was also having left foot pain. He was having difficulty sleeping. He had tried using an Achilles tendon strap. Pain was rated at 6/10. He was referred for acupuncture and to a gastroenterologist and podiatrist. He was continued at temporary total disability. On 03/25/14 his condition had not changed. There was a pending gastroenterology evaluation. Orthotics were prescribed. On 04/29/14 he had increased pain rated at 6-7/10. Treatments had included chiropractic care and acupuncture. Prilosec 20 mg #30 was

prescribed. Authorization for 12 sessions of physical therapy was requested. The claimant was seen for a gastroenterology evaluation on 04/29/14. He was having abdominal pain. Medications were ibuprofen 200 mg as needed, acetaminophen 500 mg as needed, tramadol 50 mg 2-3 as needed, and cyclobenzaprine cream 2-3 times per day as needed. He had a complaint of intermittent abdominal pain associated with heartburn and reflux. There had been improvement with Prilosec but he was now having worsening symptoms. Physical examination findings included a normal abdominal examination. The assessment references diagnoses of gastric ulcer, gastritis, and reflux. Omeprazole was prescribed and endoscopy was to be scheduled. On 06/03/14 pain was rated at 7/10. He was having increased shoulder and low back pain. Physical examination findings included a stooped and slow gait with decreased and painful cervical spine and painful shoulder range of motion with positive impingement testing and tenderness over the heels. There was decreased and painful knee range of motion. Ultram was refilled. On 07/08/14 he was having increased right shoulder pain. Pain was rated at 6-7/10. Physical examination findings included decreased shoulder range of motion with pain and positive impingement testing. Medications were refilled. He was referred for acupuncture treatments two times per week for four weeks and for physical therapy two times per week for three weeks. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Medications include ibuprofen 200 mg as needed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication, but at a low dose and on an as needed basis. Guidelines do not recommend that a proton pump inhibitor such as Protonix (Pantoprazole) be prescribed.