MAXIMUS Federal Services

Case Number:	CM14-0139047		
Date Assigned:	09/05/2014	Date of Injury:	12/02/2011
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/27/2014

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 & Rehabilitation and is licensed to practice in California. 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 patient is a 32 year old female who was injured on 12/02/2011. The mechanism of injury is unknown. The patient underwent left shoulder arthroscopy on 04/03/2013. Prior treatment history has included epidural steroid injection, 12 sessions of physical therapy and home exercise program. Her past medication history included diazepam, Norco, and Naproxen. AME report dated 04/21/2014 indicates the patient complained of neck pain radiating to the left upper extremity to the forearm. Her range of motion is limited secondary to her pain. She has crepitation with movements and turning her neck to the right and left is very painful. She reported she cannot lift greater than 10 pounds. The left shoulder exhibited pain radiating to shoulder blade and elbow with associated numbness. Her activities of daily living are affected and she has difficulty with self-care, physical activity and sensory function. She has a diagnosis of impingement syndrome, rule out superior labral tear. The PR-2 dated 6/26/2014 indicates the patient complains of neck pain and left shoulder pain rated 5/10. Physical examination documents c/s pain on ROM and decreased rotation of the left shoulder with pain on ROM. Diagnoses are sprain of neck and sprain of shoulder/arm NOS. A UDS was performed, the medications Protonix and Voltaren XR with 3 refills and Ultram with 2 refills and Menthoderm topical cream were dispensed, and Lidoderm patches prescription provided. The patient's work status is P&S per AME. Prior utilization review dated 07/24/2014 states the request for Retrospective (DOS: 6/26/14) Pantoprazole Sodium DR 20mg, #60 with 3 refills is denied as medical necessity has not been established; Retrospective (DOS: 6/26/14) Diclofenac Sodium ER 100mg, #60 with 3 refills is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 6/26/14) Pantoprazole Sodium DR 20mg, #60 with 3 refills: 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): Pain Chapter Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS guidelines state PPI may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). The medical records do not establish any of these potential risk factors apply to this patient. In addition, if she did have such risk factors for gastrointestinal events omeprazole OTC would be recommended. The guidelines state other PPIs, such as Protonix should be considered only as second-line therapy. Consequently, the request is not medically necessary.

Retrospective (DOS: 6/26/14) Diclofenac Sodium ER 100mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Diclofenac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: According to the CA MTUS, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The patient complains of 5/10 neck and left shoulder pain. Physical examination documents pain with some limited ROM of the neck and left shoulder. She is diagnosed with neck and left shoulder sprain. This medication is indicated for treatment of osteoarthritis. This patient does not have osteoarthritis. Additionally, dosages over 150 mg/day PO are not recommended. The medical records do not establish the patient had presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines, and this medication was not being dispensed as recommended per the guidelines. The medical necessity of this retrospective request has not been established.