

<b>Case Number:</b>	CM14-0165537		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/18/2006
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old female who reported an injury on 02/18/2006 after lifting a patient. The injured worker reportedly sustained an injury to her left shoulder. The injured worker's treatment history included physical therapy, chiropractic care, psychiatric support, surgical intervention, corticosteroid injections, and multiple medications. The injured worker was evaluated on 08/27/2014. It was documented that the injured worker had ongoing pain of the left neck and shoulder. Physical examination findings included restricted range of motion of the cervical spine with a positive compression test of the left shoulder and limited range of motion secondary to pain with tenderness to palpation of the superior and posterior portion of the shoulder. The patient had a positive impingement sign. The injured worker's diagnoses included status post left shoulder arthroscopy and subacromial decompression, status post revision of the left shoulder and arthroscopy with subacromial decompression, trapezial and paracervical and parascapular strain, and cervical segmental dysfunction. It was documented that the injured worker was able to participate in activities of daily living and an exercise program due to medication usage. It was documented that the injured worker had a reduction in pain secondary to medication usage. It was noted that the patient was taking a gastrointestinal protectant that prevented gastrointestinal upset. It was noted that the patient had a history of a gastrointestinal upset with nonsteroidal anti-inflammatory drug usage. It was documented that the injured worker's cyclobenzaprine usage decreased muscle spasming for approximately 4 to 6 hours which provided an opportunity for increased range of motion and tolerance to exercise. A request was made for continued medication usage. No Request for Authorization form was submitted to support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro DOS 8/27/14 Naproxen sodium 550mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 60 and 72.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the ongoing use of medications in the management of chronic pain be supported by documentation functional benefit and evidence of pain relief. The clinical documentation submitted for review does not specifically identify a quantitative assessment of pain relief or functional benefit resulting from the use of this particular medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for date of service 08/27/2014 for naproxen sodium 550 mg is not medically necessary and appropriate.

### **Retro DOS 8/27/14 Pantoprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not recommend the long term use of gastrointestinal protectants due to an increased risk of bone fractures. The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients who have significant risk factors for gastrointestinal disturbances related to medication use. The clinical documentation submitted for review does indicate that the injured worker has a history of gastrointestinal events related to nonsteroidal anti-inflammatory drugs. However, request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for date of service 08/27/2014 pantoprazole 20 mg is not medically necessary and appropriate.