

<b>Case Number:</b>	CM14-0182328		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational Medicine 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:

Patient is a 39-year-old male with date of injury 03/02/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/16/2014, lists subjective complaints as pain in the left shoulder and low back. Objective findings: Examination of the left shoulder revealed tenderness to palpation of the anterior portion at the acromioclavicular joint. Range of motion was markedly limited with pain. Positive impingement signs. Atrophy was noted in the deltoid musculature. Examination of the lumbar spine revealed limited range of motion with pain. Straight leg raising test was positive on the left. Lumboparaspinal musculature was notable for atrophy and spasm. Diagnosis: 1. Left shoulder recurrent dislocation with Hill-Sachs lesion 2. Status post lumbar decompression, L4-5 and L5-S1. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. Medications: 1. Naproxen 550mg, #90 SIG: one po tid2. Pantoprazole 20mg, #60 SIG: one po tid3. Xanax 0.5mg, #60 SIG: one po tid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Naproxen 550 MG #90 is not medically necessary.

**Pantoprazole 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20 MG #60 is not medically necessary.

**Xanax .5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

**Decision rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Xanax for much longer than the 4 weeks suggested by the MTUS. Therefore, Xanax .5 MG #60 is not medically necessary.