

Case Number:	CM14-0173637		
Date Assigned:	10/27/2014	Date of Injury:	06/28/2012
Decision Date:	05/01/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old male with an industrial injury dated 06/28/2012. His diagnosis includes tear supraspinatus/partial labral tear/acromioclavicular osteoarthropathy, left shoulder and status post remote left shoulder surgery, December 2012. He has been treated to date with physical therapy, TENS unit, home exercises and medications. The injured worker presents on 07/18/2014 with left shoulder pain. The provider notes medication does facilitate improved activity and function and pain level is markedly decreased with medication. The provider also notes the injured worker has a history of gastrointestinal upset with anti-inflammatory medications with no proton pump inhibitor. However, the injured worker reports no gastrointestinal upset with proton pump inhibitor at dosing of three times daily. Physical exam revealed tenderness in left shoulder with range of motion limited with pain. There was spasm noted in the cervical spine. The treating physician notes the injured worker is compliant in regards to medication consumption and dosing regime and is requesting Naprosyn and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Upheld

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

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. The medical record contains no documentation of functional improvement. Naproxen Sodium 550mg #90 is not medically necessary.

Panoprazole 20mg #90: Upheld

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

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

Decision rationale: 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. Panoprazole 20mg #90 is not medically necessary.