

<b>Case Number:</b>	CM15-0111716		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Emergency 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:

This 52 year old female sustained an industrial injury on 12/14/06. Diagnoses include chronic pain, scalene spasm with dystonia, brachial plexus lesions, cervicgia, myalgia and Myositis. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to experience left neck and shoulder pain. Upon examination, there is diffuse tenderness and parascapular discomfort. Left shoulder arthroscopic portals are well healed. Range of motion remains reduced. Strength testing is unremarkable except for slight weakness graded 4.5/ 5 in both flexion and abduction. The neck allows forward flexion to the chest, extending negative 30 degrees and 30 degrees right and left without discomfort. Upper extremity reflexes are 2 plus in the biceps, triceps and brachioradialis. Sensation is currently normal in the upper extremities. Retrospective requests for Pantoprazole Sodium and Naproxen were made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Pantoprazole Sodium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk and on the Non-MTUS Physician's Desk Reference, Protonix.

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

**Decision rationale:** Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is prescribed naproxen but in this review on UR, it is not medically recommended. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. This is an incomplete prescription with no dosage or total number of tablets requested. Since NSAIDs are not recommended in this patient and this medication request is incomplete, pantoprazole is not medically necessary.

**Retrospective request for Naproxen 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation on anything concerning NSAIDs or naproxen. It is unclear if this is a new prescription or a refill. The dosage of naproxen requested is also not a standard prescription dosage. Total number of tablets requested was also not provided. This is an incomplete prescription with no documentation provided concerning plan or justification for prescription. Naproxen is not medically necessary.