

Case Number:	CM15-0112913		
Date Assigned:	06/24/2015	Date of Injury:	07/24/2013
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation

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 69 year old female who sustained an industrial injury on 07/24/2013 resulting in pain to the neck, and left shoulder radiating into the left arm. The injured worker was diagnosed with thoracic outlet compression syndrome and strain/sprains. Treatment provided to date has included: physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (07/07/2014) showing multilevel deteriorative disc changes with the greatest disc bulge at L2-3, lumbar scoliosis, Schmorl's node complex and some increased lumbosacral angulation; MRI of the left hip (07/07/2014) showing tendonitis and a partial tear of the gluteus minimus tendon at the insertion of the greater trochanter with mild atrophy of the corresponding muscles; MRI of the right hip (07/07/2014) showing tendonitis and low-grade gluteus minimus tendon at the greater trochanteric insertion; MRI of the cervical spine showing bulging disc at C4-C7; and a MRI of the lumbar spine (07/07/2014) showing lumbar scoliosis, disc space narrowing at L5-S1, and deterioration of facet joints. Other noted dates of injury documented in the medical record include: 05/23/2013. There were no noted comorbidities. On 05/13/2015, physician progress report noted complaints of left groin pain, neck pain and low back pain shooting down the left lower extremity. No pain rating was provided. Current medications include Norco and Ativan. The physical exam revealed tenderness along the groin on the left side, restricted range of motion (ROM) in the lumbar spine, painful flexion of the left hip, equivocal impingement sign on the left, restricted ROM of the left shoulder, and tenderness along the rotator cuff on the left. The provider noted diagnoses of left shoulder impingement syndrome, discogenic cervical condition with numbness and tingling

along the C6-7 and C7-T1 distribution, left hip joint inflammation, lumbar discogenic condition, and chronic pain related to depression, sleep and stress. Plan of care includes recommend psychiatric consultation, continued Norco and Ativan (being decreased for weaning), new prescription for Naproxen, Protonix, Neurontin, tramadol, Effexor, Lunesta and Norflex, MRI of the left shoulder, electrodiagnostic testing of the upper extremities, left hip injection, urine drug screen, and follow-up. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: Naproxen sodium 550mg #60, Protonix 20mg #60 and Neurontin 600mg #90 (authorized).

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 60, 68.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs (ketoprofen) and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. The request for Naproxen Sodium 550mg #60 is not medically necessary and appropriate.

Med Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with

pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, Omeprazole (Prilosec), Lansoprazole (Prevacid), and Esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (AcipHex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request for Protonix 20mg #60 is not medically necessary and appropriate.