

<b>Case Number:</b>	CM15-0046227		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: 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:

The injured worker (IW) is a 64 year old male who sustained an industrial injury on 12/05/2012. He reported pain in the right shoulder and right knee. The injured worker was diagnosed as being status right shoulder surgery (05/2013) and rule out internal derangement right knee. Treatment to date has included shoulder surgery and medications for pain. Currently, the injured worker complains of right shoulder pain rated 6 on a scale of 10 and right knee pain with spasms in the right calf. The right knee pain is worsening with resultant decline in activity. Medication facilitates improved activity tolerance. A request for authorization is made for Hydrocodone, Naproxen, and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10 mg (twice a day) quantity: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 88 of 127.

**Decision rationale:** Long-term opioid users (greater than 6 months) should have certain criteria addressed. Satisfactory response to treatment may be shown by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response. The patient's pain should be assessed at each visit, and functioning measured at 6-month intervals using a numerical scale or validated instrument. Documentation is lacking in this case regarding of functional improvement justifying continued use of opioid medication. In opioid tolerant patients, opioid medication should not be abruptly withdrawn but slowly titrated down. Therefore, the request is not medically necessary.

**Naproxen 550 mg (twice a day) quantity: 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page(s): 67 of 127.

**Decision rationale:** NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain related to musculoskeletal pain. There is documentation to support its use in this case. Acetaminophen can be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or risk factors. NSAIDs do appear to be superior to acetaminophen, particularly for those with moderate to severe pain. The main concern of selection is based on adverse effects. The FDA has concluded that naproxen is the safest of the NSAID class with regards to cardiovascular side effects. Therefore, the request is medically necessary.

**Pantoprazole 20 mg (twice a day) quantity: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page(s): 68 of 12.

**Decision rationale:** The use of a proton pump inhibitor to prevent complications of NSAIDs is advised in cases where the patient is at increased risk for gastrointestinal complications. This is clearly defined in the MTUS guidelines. There is no documentation to support proton pump inhibitor use in this case. The patient is under 65 without any documentation of a previous gastrointestinal bleeding event, or use of other medications which would place him at increased risk. This may be the case, although it is not shown in the provided notes. Therefore, the request is not medically necessary.