

Case Number:	CM15-0074004		
Date Assigned:	04/24/2015	Date of Injury:	05/13/2013
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female with an industrial injury dated May 13, 2013. The injured worker diagnoses include pain in joint shoulder, carpal tunnel syndrome and lesion ulnar nerve. She has been treated with electromyography (EMG) of bilateral upper extremity dated 9/23/2013, cervical Magnetic Resonance Imaging (MRI) dated 6/6/2013, right shoulder MRI dated 5/22/2013 & 8/9/2010, prescribed medications and periodic follow up visits. According to the progress note dated 3/19/2015, the injured worker presented for follow up of neck, right shoulder and right upper extremity pain. Objective findings revealed tenderness to palpitation over right lateral epicondyle and over proximal forearm. The treating physician prescribed Pantoprazole Sodium with two refills and Naproxen Sodium 550mg with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium, quantity unspecified, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole Sodium, quantity unspecified, with two refills 14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. Additionally the ODG states that Pantoprazole is a second line proton pump inhibitor. The documentation does not reveal failure of a first line proton pump inhibitor. Furthermore, the appeal dated 5/1/15 states that the patient has a history of GI symptoms such as constipation secondary to the use of oral medications. Proton pump inhibitors are not indicated for constipation and additionally the review of systems in the recent progress notes deny any gastrointestinal complaints. Furthermore, the patient's Naproxen was deemed not medically necessary. For all of these reasons Pantoprazole is not medically necessary.

Naproxen Sodium 550mg with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen Sodium 550mg with two refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. Furthermore, the appeal for this medication dated 5/1/15 states that the patient has previously trialed other NSAIDs such as Etodolac, Ibuprofen and Advil without much benefit. The MTUS states that there is no evidence to recommend one drug in this class over another based on efficacy. The request for continued Naproxen is not medically necessary.

