

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0078091 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 02/04/2012 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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 68 year old male who sustained an industrial injury involving twisting his body on 2/4/12 while moving shopping carts. He felt a straining-like sensation in his right shoulder; flank, hip and right lower extremity. He was given medications and work restrictions. His diagnoses were right shoulder sprain, acute rhomboid strain. He did not improve and had an MRI of the right shoulder (3/13/13) showing a high-grade interstitial tear and severe tendinitis. He had arthroscopic surgery (8/9/12) and did poorly with significant loss of range of motion of the right shoulder. He currently complains of neck, shoulder, low back, right flank and right knee pain. Medications are naproxen, Norco, Protonix. Diagnoses include shoulder and lower leg joint pain; lumbosacral spondylosis; acquired spondylosis; internal derangement, right shoulder, status post arthroscopic decompression, rotator cuff repair; internal derangement, right knee with osteoarthopathy, medial and lateral meniscal injuries and anterior cruciate ligament deficiency. Treatments to date include medications, manipulation under anesthesia with no long-term relief. Diagnostics include MRI of the lumbar spine (10/18/14) abnormal; MRI of the right knee (no date) abnormal. In the progress note dated 3/27/15 the treating provider's plan of care requests Norco for severe pain, naproxen for mild pain and Protonix for gastrointestinal prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The 68 year old patient presents with neck, shoulder, low back, right flank and right knee pain. The request is for Norco 10/325MG #60. The provided RFA is dated 03/27/15 and the date of injury is 02/04/12. The diagnoses include shoulder and lower leg joint pain; lumbosacral spondylosis; acquired spondylosis; internal derangement, right shoulder, status post arthroscopic decompression, rotator cuff repair; internal derangement, right knee with osteoarthopathy, medial and lateral meniscal injuries and anterior cruciate ligament deficiency. Treatments to date include medications, manipulation under anesthesia with no long-term relief and diagnostic imaging. Current medications include Norco, Naproxen, and Protonix. The patient works modified duty. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was prescribed to the patient for "severe breakthrough pain" at least since 10/01/14, per provided medical records. The use of opiates requires detailed documentation regarding pain and function, per MTUS. Per 04/24/15 report, treater states, "Norco is beneficial with pain reduction and overall functional improvement. With Norco, the patient reports an improved range of motion. he notes improvement in ADLs. He is tolerating it well without side effects. Urine drug screen was conducted on 03/27/15 and is consistent. He does not display with aberrant behavior, he has signed an opioid pain contract on 03/23/15." Per 11/13/14 report, treater states, "Pain is 8/10 without medications and the patient is unable to cook, clean, shop and is unable to sleep due to the pain." In this case, treater has properly discussed the 4A's, as required by MTUS and therefore, the request for Norco #60 IS medically necessary.

**Pantoprazole-Protonix 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

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

**Decision rationale:** The 68 year old patient presents with neck, shoulder, low back, right flank and right knee pain. The request is for Pantoprazole-Protonix 20mg #60. The provided RFA is dated 03/27/15 and the date of injury is 02/04/12. The diagnoses include shoulder and lower leg joint pain; lumbosacral spondylosis; acquired spondylosis; internal derangement, right shoulder,

status post arthroscopic decompression, rotator cuff repair; internal derangement, right knee with osteoarthopathy, medial and lateral meniscal injuries and anterior cruciate ligament deficiency. Treatments to date include medications, manipulation under anesthesia with no long-term relief and diagnostic imaging. Current medications include Norco, Naproxen, and Protonix. The patient works modified duty. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per 04/13/15 report, treater states, "Please note the patient is currently utilizing Naproxen, which has the propensity to cause GI symptoms. The concurrent use of Protonix prevents his GI side effects. Also, note the patient previously tried Prilosec and it was not beneficial." Protonix was first prescribed to the patient on 03/27/15, per provided medical reports. The concurrent use of a PPI as a prophylactic measure is supported by guidelines as medically appropriate. Therefore, the request IS medically necessary.

#### **Naproxen Sodium-Anaprox 550mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The 68 year old patient presents with neck, shoulder, low back, right flank and right knee pain. The request is for Naproxen Sodium-Anaprox 550mg #90. The provided RFA is dated 03/27/15 and the date of injury is 02/04/12. The diagnoses include shoulder and lower leg joint pain; lumbosacral spondylosis; acquired spondylosis; internal derangement, right shoulder, status post arthroscopic decompression, rotator cuff repair; internal derangement, right knee with osteoarthopathy, medial and lateral meniscal injuries and anterior cruciate ligament deficiency. Treatments to date include medications, manipulation under anesthesia with no long-term relief and diagnostic imaging. Current medications include Norco, Naproxen, and Protonix. The patient works modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per 04/13/15 report, treater states, "The patient is using Naproxen for muscular pain and inflammation. Please note that the patient was prescribed Naproxen only in the last visit 03/27/15. He previously tried Ibuprofen and received no benefit. He notes improvement in ADL's with medications including cooking, cleaning and shopping." In addition, with the use of medications, there is documentation that the patient has returned to work. Given the patient's

chronic pain, and benefit from use of oral NSAIDs, the request for Naproxen IS medically necessary.