

Case Number:	CM13-0014611		
Date Assigned:	10/04/2013	Date of Injury:	03/19/2010
Decision Date:	02/11/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with industrial injury of March 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; prior right shoulder surgery; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of August 9, 2013, the claims administrator retrospectively certified a request for Naprosyn while denying a request for omeprazole or Prilosec. The applicant's attorney later appealed. In an August 9, 2013 progress reports, it is stated that the applicant remains off of work, on total temporary disability with a diagnosis of rotator cuff tear. Additional physical therapy is sought. An earlier note of July 15, 2013 is notable for comments that the applicant is no Norco and Naprosyn for pain relief. There is no mention of dyspepsia, reflux, or heartburn, it is incidentally noted. A more thorough progress note of June 17, 2013 is notable for the comments that the applicant carries a past medical history of depression, asthma, diabetes, and arthritis. Again, there is no mention of reflux or heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications, such as Naprosyn do represent the traditional first-line of treatment for various chronic pain issues, in this case, the applicant has failed to effect any lasting benefit for functional improvement through ongoing usage of Naprosyn. The applicant has failed to return to any form of work, several months removed from the date of most recent shoulder surgery of March 21, 2013. The attending provider did not clearly detail how Naprosyn was benefitting the applicant, either in terms of pain relief or in terms of improved function. Therefore, the request is not certified, on Independent Medical Review.

Retrospective Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of omeprazole, a proton pump inhibitor, in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file, including several progress notes interspersed throughout 2013, referenced above, failed to establish the presence of any sign or symptoms of dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not certified.