

Case Number:	CM13-0018302		
Date Assigned:	12/11/2013	Date of Injury:	02/16/2011
Decision Date:	02/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation, 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 patient is a 51-year-old female who reported an injury on 02/16/2011. The patient was diagnosed with a right rotator cuff repair and subacromial decompression, left subacromial decompression and questionable carpal tunnel syndrome. The patient was seen by [REDACTED] on 12/04/2013. The patient reported pain and stiffness in the shoulder with bilateral hand tingling. Physical examination revealed diminished range of motion of the bilateral upper extremities. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69..

Decision rationale: The MTUS Chronic Pain Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to nonselective NSAIDs, according to the MTUS Chronic Pain Guidelines. As

per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet the criteria for the use of a proton pump inhibitor. As such, the request for Omeprazole 20mg #90 dispensed 8/7/13 is not medically necessary and appropriate.

Naproxen 550 #60, #90 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-72..

Decision rationale: The MTUS Chronic Pain Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There was also no documentation of pain level or subjective complaints that would warrant the need for Naproxen. Based on the clinical information received, the request for Naproxen 550 #60, #90 dispensed 8/7/13 is not medically necessary and appropriate.