

Case Number:	CM13-0061390		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2007
Decision Date:	05/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 60-year-old who reported an injury on March 15, 2007. The mechanism of injury was not stated. Current diagnoses include left impingement, left lateral epicondylitis, and bilateral carpal tunnel syndrome. The latest physician progress report submitted for this review is documented on October 1, 2009. The injured worker was attending physical therapy at that time. The injured worker reported medial and lateral elbow pain on the left. The injured worker also reported stiffness in bilateral shoulders. Physical examination revealed moderate tenderness over the anterior and lateral shoulder, full range of motion of the elbow, mild tenderness over the lateral epicondyles, tenderness over the medial elbow site, and intact sensation in the medial and ulnar distributions. Treatment recommendations at that time included continuation of occupational therapy and a corticosteroid injection for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, #60: Upheld

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

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

Decision rationale: he Chronic Pain Medical Treatment Guidelines state NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There was no recent physician progress report submitted for this review. Therefore, there is no evidence of this injured worker's active utilization of this medication. There is also no frequency listed in the current request. The request for Naproxen 550mg, sixty count, is not medically necessary or appropriate.

PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: he Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no recent physician progress report submitted for this review. There was no evidence of this injured worker's active utilization of this medication. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. The request for Prilosec 20mg, sixty count, is not medically necessary or appropriate.