MAXIMUS Federal Services

Case Number:	CM13-0064456		
Date Assigned:	04/02/2014	Date of Injury:	01/26/2009
Decision Date:	06/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 & 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 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 34 year old female who reported an injury on 01/27/2009. The mechanism of injury was not provided in the medical records. Per the 10/24/2013 clinical note, the injured worker reported a pain level of 7/10 that decreased to 4-5/10 with naproxen. Objective findings included tenderness to palpation and equal hand grip bilaterally. The injured worker had diagnoses including cervical, shoulder, and wrist sprain/strain as well as medial epicondylitis. The injured worker reported using a TENS unit once a week with good results. Medications included naproxen 550mg twice daily and omeprazole 20mg twice daily. The provider recommended the injured worker continue naproxen and omeprazole. The request for authorization form was submitted on 10/24/2013.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen And NSAIDs Page(s): 66,67-68.

Decision rationale: The request for naproxen 550mg, #60 is not medically necessary. The CA MTUS guidelines state naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. Also, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. For chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The medical records provided recommend an ongoing prescription for naproxen 550mg twice daily. The requesting physicians rationale for the requested medication was unclear. It was unclear if the injured worker had significant objective functional improvement with the medication. As such, the request is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg, #60 is not medically necessary. The CA MTUS guidelines state that proton pump inhibitors are recommended for patients with current gastrointestinal symptoms and those at risk for gastrointestinal event. The medical records provided indicate the injured worker has an ongoing prescription for naproxen; however, there is no indication the injured worker was experiencing any gastrointestinal symptoms to warrant the use of omeprazole. It did not appear the injured worker has a history of GI bleed, perforation, or peptic ulcer. As such, the request is not medically necessary.