

Case Number:	CM14-0004044		
Date Assigned:	01/24/2014	Date of Injury:	08/15/2011
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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 67-year-old female injured on August 15, 2011 when she tripped over an uneven sidewalk losing her balance falling and hitting her hands and knees. Current diagnoses include musculoligamentous sprain of the cervical spine with bilateral upper extremity radiculitis, disc bulges at C4 through T1, overuse syndrome to bilateral upper extremities, carpal tunnel syndrome bilateral wrists, deQuervain tendinitis of bilateral wrists, medial epicondylitis bilateral elbows, possible ulnar neuritis left elbow, full thickness rotator cuff tear right shoulder, tendinitis right shoulder, and mild osteoarthritis of the acromioclavicular joint right shoulder. Clinical documentation on November 19, 2013 indicated the injured worker complained of neck pain and stiffness, bilateral wrist pain with numbness and tingling greater in the morning, right shoulder pain and stiffness, and bilateral elbow pain and soreness. Objective clinical findings included positive Tinel testing of bilateral wrists. The injured worker was awaiting authorization for consultation with a sleep specialist and psychiatrist regarding depression and anxiety. Additionally, physical therapy two times per week for six weeks, Omeprazole 20mg daily in conjunction with anti-inflammatory medication to prevent stomach irritation, and neoprene wrist/thumb wrap were requested. The injured worker had six sessions of prior physical therapy with functional improvement. Previous clinical documentation indicated previous non-steroidal anti-inflammatory medications (NSAIDs) therapy including Anaprox, Naprosyn, and naproxen; however, most recent clinical documentation did not specify current NSAID use. The request for naproxen sodium 550mg #60 and Omeprazole 20mg #60 was initially non-certified on December 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen Sodium 550mg, #60, is not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: According to the Official Disability Guidelines proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Furthermore, long-term proton pump inhibitors (PPI use greater than one year) has been shown to increase the risk of hip fracture. Without the ongoing use of NSAIDs, a proton pump inhibitor is no longer necessary. As such, the request for Omeprazole 20MG #60 is not medically necessary.