

<b>Case Number:</b>	CM14-0106314		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 47-year-old male who has submitted a claim for Other affections of shoulder region, not elsewhere classified associated with an industrial injury date of November 11, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increased left shoulder pain. Physical examination revealed tenderness in the anterior glenohumeral region and subacromial space with a positive Hawkin's impingement sign. There was reproducible symptomatology around the acromioclavicular joint. The rotator cuff function appeared to be intact, albeit painful. Treatment to date has included subacromial injection and medications. Utilization review from June 11, 2014 denied the request for Omeprazole 20mg #120, Ondansetron 8mg #120 and Naproxen Sodium tab 550mg #120. The request for Naproxen was denied because the patient had been on long term NSAID without any documentation of significant derived benefit through prior long-term use. The request for omeprazole was denied because the patient is not at intermediate risk of GI event. The reason for the denial of ondansetron was not mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient had risk factors mentioned above that puts him at intermediate risk for gastrointestinal events. The request for naproxen was also not certified. Therefore, the request for Omeprazole 20mg #120 is not medically necessary.

**Ondansetron 8mg #120:** Upheld

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

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

**Decision rationale:** The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the latest progress reports do not indicate complaints of nausea and vomiting. The patient is also not receiving chemotherapy, radiation therapy and surgery. Ondansetron is not indicated in this case. Therefore, the request for Ondansetron 8mg #120 is not medically necessary.

**Naproxen Sodium tab 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67,68, 73.

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, it is not clear from the available records when the patient started using naproxen. According to the UR, the patient had been on long-term naproxen use. From

the available information, it appears that the patient's shoulder complaint is increasing despite the use of naproxen. There is also no documentation of functional improvement from previous Naproxen use. The guidelines do not recommend the long-term use of NSAIDs. Therefore, the request for Naproxen Sodium tab 550mg #120 is not medically necessary.