

Case Number:	CM14-0014659		
Date Assigned:	02/28/2014	Date of Injury:	01/15/2013
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 patient is a 52-year-old female who has submitted a claim for cervicothoracic spine strain, rule out cervical radiculopathy; rule out bilateral carpal tunnel syndrome; bilateral trigger thumbs; bilateral basal joint arthralgia and arthritis; bilateral lateral elbow epicondylitis; and lumbar spine strain with degenerative disc disease, associated with an industrial injury date of January 15, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain, shoulder pain, bilateral thumb pain and bilateral elbow pain. Physical examination revealed tenderness over cervical paraspinal musculature with painful range of motion. There was tenderness over epicondyles of bilateral elbows and bilateral thumbs. There was also tenderness over lumbar paraspinal musculature. Treatment to date has included bilateral thumb spicas, elbow brace, physical therapy, steroid injections, and medications, which include Norco 10/325mg, Naproxen 550mg and Prilosec 20mg. Utilization review from January 21, 2014 denied the requests for Prilosec (Omeprazole 20mg) 1 tab BID #60 and Anaprox DS (Naproxen Sodium) 1 tab BID 550mg #90. Prilosec was denied because the clinical documentation provided for review did not discuss any clear GI side effects with the use of other medications or support a diagnosis of GERD that would support the ongoing use of a proton pump inhibitor. Anaprox was denied because chronic use of NSAIDs is not supported for chronic musculoskeletal pain or low back pain over standard over the counter medications such as Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC (OMEPRAZOLE 20 MG), 1 TABLET TWICE A DAY, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. In this case, the patient has been on Omeprazole since October 2013. It was prescribed for stomach discomfort due to oral pain medications however recent progress reports did not reveal any complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. There was no subjective report that he was experiencing heartburn, epigastric burning sensation or any GI symptom. Patient also does not have history of peptic ulcer, GI bleeding or perforation. Therefore, the request for Prilosec (Omeprazole 20 mg), 1 Tablet Twice a Day, #60 is not medically necessary.

ANAPROX DS (NAPROXEN SODIUM) 550 MG, 1 TABLET TWICE A DAY, #90:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS); NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 46,66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

Decision rationale: As stated on pages 46 and 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, patient has been prescribed Naproxen since February 2013. Recent progress reports indicate that the patient still complained of pain and tenderness. Also, the medical records submitted did not document pain relief and functional improvement with naproxen use. Furthermore, long-term NSAID use is not recommended. Therefore, the request for Naproxen 550mg #60 is not medically necessary.