

<b>Case Number:</b>	CM14-0017108		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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:

This is a 50-year-old male with a 7/10/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 4/11/14, the patient continued to complain of pain in his right shoulder, right wrist, and low back. He rated the severity of his right shoulder and right wrist pain as 7 to 8 and his low back pain as 6 to 7 without medications or therapy. His right shoulder pain reduced to 6 while his right wrist and low back pain reduced to zero with medication only. He has also shown functional restoration in terms of work ability. Objective findings: tenderness to palpation over the anterior and posterior aspects of right shoulder, tenderness to palpation of right wrist, tenderness to palpation over paraspinal musculature at the levels of L1 through L5. Diagnostic impression: status post right shoulder surgery, status post right wrist carpal tunnel release, lumbar spine sprain/strain. Treatment to date: medication management, activity modification, surgery, physical therapy. A Utilization Review (UR) decision dated 1/14/14 denied the requests for naproxen and omeprazole. Regarding naproxen, documentation provided for review does not identify significant functional/vocational benefit with the use of NSAIDs and MTUS guidelines indicate this should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. Regarding omeprazole, documentation does not describe current GI symptoms or treatment rendered thus far for Gastrointestinal (GI) symptoms such as dietary modification, and the documentation does not describe risk factors for GI bleed to warrant prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550MG, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG 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 the present case, the patient rated the severity of his right shoulder and right wrist pain as 7 to 8 and his low back pain as 6 to 7 without medications. His right shoulder pain reduced to 6 while his right wrist and low back pain reduced to zero with medication only. He has also shown functional restoration in terms of work ability. Guidelines support the continued use of NSAIDs in the presence of pain reduction and functional improvement. Therefore, the request for Naproxen Sodium 550mg, #60 was medically necessary.

**OMEPRAZOLE 20MG, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

**Decision rationale:** CA MTUS and the Food and Drug Administration (FDA) support proton pump inhibitors in the treatment of patients with Gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, Gastroesophageal Reflux Disease (GERD), erosive esophagitis, or patients utilizing chronic Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. Omeprazole is a Proton Pump Inhibitor (PPI), used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the present case, it is noted that Omeprazole is being utilized for gastrointestinal protection from the patient's use of Naproxen. Guidelines support the prophylactic use of Proton Pump Inhibitors in patients utilizing chronic NSAID therapy. Therefore, the request for Omeprazole 20mg, #60 was medically necessary.

