

Case Number:	CM14-0017129		
Date Assigned:	04/14/2014	Date of Injury:	07/20/2012
Decision Date:	11/12/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year old male who sustained an injury on 07/20/12. No specific mechanism of injury was noted. The injured worker is status post left shoulder arthroscopy performed on 02/26/13. The injured worker has also undergone subacromial decompression and lysis of adhesions on 09/16/13. The injured worker has had prior surgery for the right knee. The injured worker was seen for post-operative physical therapy. The 04/08/14 clinical evaluation noted ongoing improvements in the injured worker's left shoulder with continuing right knee pain. The injured worker did have limited range of motion present in the left shoulder with 1+ effusion in the right knee and medial joint line tenderness. The injured worker was recommended for a trial of Orthovisc injections. Anaprox 550mg, quantity 60 and Prilosec 20mg, quantity 30 were denied in previous utilization review on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG, QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS: OSTEOARTHRITIS, BACK PAIN, OVERALL DOSING RECOMMENDATION P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. In review of the clinical documentation provided, the requested Anaprox 550mg quantity 60 would not be supported as medically necessary per current evidence based guideline recommendations.

PRILOSEC 20 MG, QUANTITY 30: Upheld

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

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: ODG recommends proton pump inhibitors for patients at risk for gastrointestinal events. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. The documentation provided did not support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer does not recommend this request as medically necessary. In review of the clinical documentation provided, the requested Prilosec 20mg quantity 30 would not be supported as medically necessary per current evidence based guideline recommendations.