

Case Number:	CM14-0127139		
Date Assigned:	09/23/2014	Date of Injury:	07/15/2013
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old female with date of injury of 07/15/2013. The listed diagnoses per [REDACTED] from 07/11/2014 are: 1. Right shoulder impingement and likely rotator cuff pathology. 2. Chronic cervical strain. 3. Chronic lumbar strain. 4. Diffuse regional myofascial pain. 5. Chronic pain syndrome with both sleep and mood disorder. According to this report, the patient complains of right shoulder pain with numbness and tingling starting from the shoulder area traveling down to her fingers. She describes her pain as constant, sharp at a rate of 8/10 on a 10-point scale. The examination shows the patient continues to hold her right upper extremity in a protected fashion. Straightening of the normal cervical lordosis was noted, but then a normal thoracic kyphosis. Shoulder girdles were asymmetric with the right shoulder higher than the left. Cervical range of motion was full. Right shoulder abduction was limited to 90 degrees. There are multiple myofascial trigger points in the cervical paraspinal muscles and trapezius muscles and all about the right shoulder girdle including the scapula. Reflexes were 2+ and symmetric. There is no extensor hallucis longus weakness. Sensory exam was intact. Hypesthesia in the right upper extremity was noted in a nondermatomal distribution. The utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg QTY: 60.00 Refills 5: Upheld

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 Medications for chronic pain Page(s): 60 61.

Decision rationale: This patient presents with shoulder pain. The treater is requesting Anaprox DS 550 mg quantity 60 with 5 refills. The MTUS Guidelines page 22 on antiinflammatory medications states that antiinflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The only report provided for review show that the patient was prescribed Anaprox on 07/11/2014, however, prior medication history was not made available. None of the 16 pages of records note functional improvement including decreased pain or improved quality of life as it relates to the use of Anaprox. The request is not medically necessary.

Omeprazole 20mg delayed release QTY: 60 refills 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter proton pumpinhibitors

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

Decision rationale: This patient presents with shoulder pain. The treater is requesting omeprazole 20 mg delayed-release quantity 60 with 5 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events; age is greater than 65; history of peptic ulcer, GI bleeding or perforation; current use of ASA, corticosteroids, and/or anticoagulants; high-dose multiple NSAIDs. The records show that the patient was prescribed omeprazole on 07/11/2014. However, prior medication history was not made available. The 16 pages of records do not document gastrointestinal events that would require the use of a PPI. The request is not medically necessary.