

Case Number:	CM14-0132396		
Date Assigned:	08/22/2014	Date of Injury:	06/30/2009
Decision Date:	09/23/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 Orthopedic Surgery 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 claimant is a 54-year-old male who sustained a vocational injury on June 30, 2009. The medical records provided for review include an office note dated August 27, 2014 that documented diagnoses of bilateral shoulder pain and dysfunction, left greater than right; left shoulder residuals after prior surgery; attempt to rule out rotator cuff pathology; right shoulder partial rotator cuff tear; bilateral elbow pain and dysfunction; bilateral lateral epicondylitis; cervical spinal strain; lumbar spinal strain; and status post left shoulder arthroscopic surgery with debridement of prior SLAP lesion suture, biceps tenotomy, and subacromial decompression. At the time of the office visit, the claimant had complaints of left shoulder pain, neck, low back, and right knee pain and popping. Examination of the right shoulder range of motion demonstrated 160 degrees of flexion, 80 degrees of external rotation, and internal rotation to 70 degrees. Left shoulder had well-healed incisions with no erythema or drainage, flexion to 130 degrees, abduction to 125 degrees, internal rotation to 45 degrees and external rotation to 60 degrees. The claimant was tender in cervical and lumbar paraspinals and right knee with pain on McMurray's. This review is for Naprosyn 550 mg, dispense #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: 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 Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-73.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that Naprosyn is recommended for the relief of signs and symptoms of osteoarthritis. In the setting of back pain, Naprosyn is recommended as a second line treatment after acetaminophen due to the fact that there is conflicting evidence that NSAIDs are more effective than acetaminophen for low back pain. In the setting of chronic low back pain, they are recommended as an option for short term symptomatic relief. The documentation provided for review does not identify that the claimant has attempted and failed Tylenol, which would be considered a first line treatment. In addition, in the setting of chronic back pain, which appears to be the situation in this case, Naprosyn is only recommended for short term symptomatic relief and if the claimant does not get significant relief with initial dosing and treatment, then the medical necessity to continue the anti-inflammatory, in this case Naprosyn is not well established. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, Naprosyn 550 mg, dispense #90 is not medically necessary.

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

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

Decision rationale: Based on the California Chronic Pain Treatment Guidelines, Omeprazole 20 mg, dispense #90, can be considered medically reasonable for patients who are high risk for gastrointestinal events or cardiovascular disease. Proton pump inhibitors are also considered medically reasonable if claimants are greater than 65 years of age, have a history of peptic ulcer, GI bleed, or perforation, have concurrent use of aspirin, corticosteroids, NSAIDs or anticoagulants, or have high dose/multiple NSAID usage. The documentation provide for review does not identify criteria to support that the claimant meets the Chronic Pain Guidelines or is at increased risk of gastrointestinal events or cardiovascular disease. Subsequently, Omeprazole 20mg #90 is not medically necessary.

Menthoderm ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California Chronic Pain Guidelines state that the use of topical analgesics is considered largely experimental and currently there is no documentation supporting

the claimant has had any significant relief with the previous usage of Mentoderm ointment. In addition, there is a lack of documentation the claimant has responded to traditional first-line therapy such as Tylenol, home exercise program and/or physical therapy prior to considering recommendation of a topical analgesic which, as has been previously mentioned, is considered largely experimental. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, Mentoderm ointment, dispense #1 is not medically necessary.