

Case Number:	CM14-0166997		
Date Assigned:	10/14/2014	Date of Injury:	03/30/2009
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine, and is licensed to practice in New York. 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 69 year old male who sustained an industrial injury on 03/30/2009. The mechanism of injury was cumulative trauma. His diagnoses include chronic bilateral shoulder pain, bilateral upper extremity pain and low back pain. He underwent right shoulder open rotator cuff repair, coracoacromial ligament release, acromioplasty, and rotator cuff repair on 05/28/2011. He complains of intermittent bilateral shoulder, neck, thoracic and lumbar back pain. On physical exam there is bilateral decreased range of motion of the shoulders with bilateral rotator cuff tenderness. There is decreased range of motion of the lumbar spine with lumbar flexion 35 degrees and positive straight leg raising bilaterally. In addition to surgery, treatment has included medical therapy with Naproxen, Omeprazole, Hydrocodone/APAP, and Cyclobenzaprine, Physical Therapy, and Chiropractic Treatment. The treating provider has requested Omeprazole 20mg #20, and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 CAPSULES OF OMEPRAZOLE 20 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 68.

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has been established. Given the patient's age of 69 the medication should be used when he takes Naproxen for pain control. Medical necessity for the requested item has been established. The requested item is medically necessary.

60 TABLETS OF NAPROXEN 550 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 67.

Decision rationale: The requested medication, Naproxen is medically necessary for the treatment of the claimant's pain condition. Naproxen is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has a chronic pain syndrome involving his neck, lower back and shoulders. He is s/p surgical procedures and will use the medication for intermittent flares of increased musculoskeletal pain. The documentation indicates the medication has proved beneficial for pain control. Medical necessity for the requested item has been established. The requested item is medically necessary.