

<b>Case Number:</b>	CM14-0026088		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported injury while putting the patient in a room on 04/22/2013. The clinical note dated 09/04/2013 indicated diagnoses of cervical trapezial strain rule out radiculopathy, right shoulder strain rule out rotator cuff tear, and lumbar spine strain with radicular complaints. The injured worker reported right shoulder pain which had increased with physical therapy. The injured worker reported he had 2 sessions of physical therapy and had weakness in his arms as well as in his grip strength. The injured worker reported the pain woke him up at night. On physical examination of the cervical spine, there was tenderness to palpation about the bilateral trapezius musculature with restricted range of motion due to complaints of discomfort and pain, with muscle spasms noted. Examination of the right shoulder revealed tenderness to palpation over the lateral acromion with muscle spasms noted. The injured worker's range of motion was decreased with a positive empty can test and a positive impingement sign. Examination of the injured worker's lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature with a positive straight leg raise test on the right and restricted range of motion with complaints of discomfort. The injured worker also had muscle spasms. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included omeprazole, tramadol, cyclobenzaprine, and naproxen. The provider submitted request for omeprazole and naproxen. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG:** Upheld

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

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

**Decision rationale:** The request for Omeprazole 20 MG is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.

**NAPROXEN SODIUM 550MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Naproxen Sodium 550MG is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The CA MTUS guidelines recognize naproxen as a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is lack of clinical information provided indicating how long the injured worker had used naproxen. In addition, the guidelines do not recommend naproxen for long-term use. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request did not indicate a frequency or quantity for this medication. Therefore, the request is non-medically necessary.