

Case Number:	CM14-0030210		
Date Assigned:	06/20/2014	Date of Injury:	08/15/2011
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesia, 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:

This is a 67 year old female injured worker with a date of injury of 8/15/11 with related neck pain and stiffness. Per a 2/6/14 progress report, she also reported pain radiating down the left shoulder and back. There was numbness and tingling in both hands. Both wrists were painful and swollen. The left elbow had slight pain when pressure was applied. The patient's right shoulder had slight pain. Positive Tinel's test was noted in bilateral wrists. At the time of exam she was taking naproxen and omeprazole, as well as norco as needed from an urgent care physician from another injury. She has been treated with physical therapy and medication management. The date of UR decision was 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 37,67.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS Chronic Pain Guidelines recommend them as an option for short-term symptomatic relief. The

medical records provided for review support the medical necessity of Naproxen to reduce the injured worker's inflammatory pain secondary to sprains and strains. The request is medically necessary.

OMEPRAZOLE 20MG #60: Overturned

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 risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records provided for review indicate that the injured worker has a history of acid reflux secondary to stressors inherent to her job. Per a progress report dated 7/25/13, it was noted that the injured worker had "gastrointestinal problems including burping, acid reflex, and upset stomach" while using Naproxen. NSAID therapy is warranted, and due to the injured worker's history of GI issues, the request for omeprazole is medically necessary.