MAXIMUS Federal Services

Case Number:	CM14-0080064		
Date Assigned:	07/18/2014	Date of Injury:	12/20/2012
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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, 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 injured worker is a 58-year-old female who reported an injury on 12/20/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/11/2014 indicated a diagnosis of right eye pain. The injured worker reported she was still having right eye pain, she reported discomfort around the eye. The injured worker reported when she took the anti-inflammatory medication, it cuts the edge off the pain, bringing it down to a 7/10 to 8/10; without medications, her pain in her right eye could be higher than that. On physical examination, the injured worker had bilateral extraocular movements that were intact. The injured worker's treatment plan included sample of Celebrex; she was also provided with Prilosec. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Prilosec. The provider submitted a request for Naproxen and Prilosec. A Request for Authorization dated 07/02/2014 was submitted for Celebrex and Prilosec; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60:

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 550mg #60 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. It was not indicated the injured worker was utilizing the naproxen; moreover, there is lack of documentation of efficacy and functional improvement with the use of the naproxen. Additionally, the provider did not indicate a rationale for the request; moreover, the request does not indicate a frequency. Therefore, Naproxen is not medically necessary.

Prilosec 20mg #30: 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 risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #30 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. Although the injured worker is on an NSAID, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding, perforation or peptic ulcer. In addition, there is lack of documentation of efficacy and functional improvement with the use of Prilosec; moreover, the request did not indicate a frequency. Therefore, the request for Prilosec is not medically necessary.