

Case Number:	CM14-0114803		
Date Assigned:	08/04/2014	Date of Injury:	11/11/2013
Decision Date:	01/02/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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:

Patient is a 45 year-old female with date of injury 11/11/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/23/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed tenderness to palpation of the anterior portion. Range of motion was reduced in flexion and abduction. Impingement test was positive. Diagnosis: 1. Derangement of joint, shoulder 2. Recurrent dislocation of shoulder, right 3. Lumbar radiculopathy 4. Enthesopathy of hip. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as two months. Medications: 1. Naproxen Sodium 55mg, #30 SIG: take 1 daily 2. Omeprazole DR 20mg, #30 SIG: take 1 daily 3. Voltaren 1% Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 Refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG - Pain Chapter

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole DR 20mg #30 Refill: 2 is not medically necessary.

Voltaren 1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac)

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren 1% Gel is not medically necessary.

Naproxen Sodium 550 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does carry a diagnosis of recurrent dislocation of the shoulder which will cause chronic inflammation. I am reversing the previous utilization review decision. Naproxen Sodium 550 mg #30 is medically necessary.