

Case Number:	CM14-0188066		
Date Assigned:	11/18/2014	Date of Injury:	02/27/2013
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 26-year-old female with a 2/27/13 date of injury. At the time (10/8/14) of request for authorization for Omeprazole 20mg and Naprosyn 550mg, there is documentation of subjective complaints are pain in the right trapezius with overhead activities and pain in the back with numbness of the right leg. The objective findings include decreased range of motion of the right shoulder, positive impingement sign, and decreased range of motion of the lumbar spine. The current diagnoses include thoracic / lumbosacral neuritis, lumbar sprain, disorder of bursa and tendons in shoulder region, and myalgia and myositis. The treatments to date include physical therapy and medications (including ongoing treatment with Omeprazole and Naprosyn since at least 5/14/14). On 11/4/14 medical report identifies ongoing treatment with high dose non-steroidal anti-inflammatory drugs (NSAIDs) (Naprosyn 550mg PO BID) and that Naprosyn is necessary to control the patient's pain and inflammation in the right shoulder and lumbar spine. Regarding Naprosyn 550mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naprosyn use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors (PPIs) and Non-MTUS Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal (GI) event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis, lumbar sprain, disorder of bursa and tendons in shoulder region, and myalgia and myositis. In addition, given documentation of ongoing treatment with high dose NSAIDs (Naprosyn 550mg PO BID), there is documentation of risk for gastrointestinal event (high dose NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg is medically necessary.

Naprosyn 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn) Page(s): 73,68,41,67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis, lumbar sprain, disorder of bursa and tendons in shoulder region, and myalgia and myositis. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Naprosyn 550mg which is documented as necessary to control the patient's pain and inflammation in the right shoulder and lumbar spine, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications as a result of Naprosyn use to date. Therefore, based on guidelines and a review of the evidence, the request for Naprosyn 550mg is not medically necessary.