

Case Number:	CM14-0190771		
Date Assigned:	11/24/2014	Date of Injury:	10/23/2013
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 New York. 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 patient is a 28-year-old woman that was diagnosed with shoulder strain after claiming injury from a motor vehicle accident on 10/23/13. Her treating physician is requesting an overturn of the denial for Naproxen 500 mg #60 and Omeprazole 20 mg #30. Other treatment has included Tramadol 50 mg, Naproxen 550 mg, Norco 5/325mg, Cyclobenzaprine 10mg, and Omeprazole 20 mg. She has had physical therapy, chiropractic care, home exercises, and acupuncture. MRI of the lumbar spine on 2/20/14 showed partial disc desiccation at L5-S1. Electromyography (EMG) on 7/2/14 noted the possibility of right-sided L4 and L5 radiculopathy. It was not clear whether this was a chronic finding, but is likely subacute, and may also have overlay. Upper extremity studies show possible right C6 cervical radiculopathy, again without specific notation of the chronicity of the problem. She is also diagnosed with shoulder strain, cervical strain and wrist sprain. The peer reviewer did not certify the Naproxen because the patient has been taking it long-term without any significant benefit documented. The Omeprazole was denied because the patient was not noted to have increased risk for GI event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, intermittent use of NSAIDs is reasonable in chronic back pain management. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. The patient has already been on the medication without demonstrating benefit, having high pain scores. Therefore, this request is not medically necessary.

Omeprazole 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 and cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend medications like Omeprazole when a patient is at risk for gastrointestinal events. This risk includes age over 65 years; history of peptic ulcer, GI bleeding or perforation; high-dose or multiple NSAID medications. There is no evidence that this patient is at increased risk of GI events, and hence a PPI is not covered. Furthermore, continued NSAID is not recommended at this time, so a PPI would not be needed (the guidelines do not allow for a PPI without the use of an NSAID). Therefore, the requested Omeprazole is not considered medically necessary.