

Case Number:	CM14-0190855		
Date Assigned:	12/18/2014	Date of Injury:	11/04/2013
Decision Date:	01/30/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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, 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:

The injured worker is a 42 year-old male with a date of injury of November 4, 2013. The patient's industrially related diagnoses include thoracic sprain/strain, right shoulder impingement, right shoulder pain and dysfunction, and lumbar spinal strain. The disputed issues are prescriptions for Naproxen 500mg #60 and Omeprazole 20mg #90 and 1 range of motion diagnostic. A utilization review determination on 10/14/2014 had non-certified these requests. The stated rationale for the denial of Naproxen was: "The previous three progress reports state improvement with range of motion due to physical therapy. The patient is taking a proton pump inhibitor due to the adverse effects of his medication. There is no subjective or objective evidence that this medication is helping with the patient's pain management. He currently still complains of moderate to severe low back and shoulder pain. Therefore, the request for one prescription of Naproxen 500mg #60 is non-certified." The stated rationale for the denial of Omeprazole was: "Proton pump inhibitors are recommended when the risk of gastrointestinal issues are present from long term use of NSAIDs.... The patient will no longer be using Naproxen due to the lack of subjective and objective evidence on the effectiveness it provides. Therefore, the request for one prescription of Omeprazole 20mg #90 is non-certified." Lastly, the stated rationale for the denial of range of motion testing was: "The patient has had his range of motion evaluated each visit on his lumbar, thoracic, and right shoulder. The need for an additional evaluation that has already been performed is not appropriate. Therefore, the request for one range of motion diagnostic is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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 Page(s): 67-72.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Within the submitted medical records available for review, there was no indication that Naproxen was providing any specific analgesic benefits in terms of percent pain reduction or reduction in numeric rating scale. The medication was first prescribed on 7/16/2014 and in the subsequent follow up visits, there was no documentation regarding this medication. In the absence of such documentation, the currently requested Naproxen 500mg #60 is not medically necessary.

1 prescription of Omeprazole 20mg #90: Upheld

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 Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use. In the progress report dated 7/16/2014, the treating physician documented that there was no reported stomach pain. In a previous progress report dated 7/8/2014, the provider noted that the injured worker denied having a history of ulcers or gastritis but documented that the injured worker takes acid reflux medication. Therefore, based on the inconsistent reports, it is unclear whether the injured worker is at a risk for gastrointestinal events with NSAID use as outlined in the guidelines. The treating physician prescribed Prilosec for GI protection with NSAID use, but since Naproxen was not found to be medically necessary, there was no indication of the use of Prilosec at the time. In light of the above issues, the currently requested Omeprazole 20mg #90 is not medically necessary.

1 range of motion diagnostic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33,89.

Decision rationale: Regarding the request for range of motion, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the medical records available for review, there is documentation that the requesting physician has performed a standard musculoskeletal examination for this injured worker on the initial evaluation and at each follow up visit. However, there was no rationale as to why the physical examination is insufficient and why additional testing above and beyond what is normally required for a physical examination would be necessary in this case. In the absence of such documentation, the currently requested range of motion diagnostic is not medically necessary.