

Case Number:	CM14-0192309		
Date Assigned:	11/26/2014	Date of Injury:	05/10/2010
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
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 Family Medicine, and is licensed to practice in New York and New Jersey. 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 28 year-old male who was injured on 5/10/10 after falling down 5 feet and hitting his head and right shoulder. A 500-lb bag of cement then landed on him. He complained of pain and tightness in mid and lower back, stiff neck and right shoulder. On exam, he had full range of motion of his cervical spine and lumbar spine but experienced some pain at end point of all ranges. He had no documented spasms. He had a positive straight leg raise on the right. He had normal range of motion of his right shoulder. He had a positive Hawkin's sign and normal strength and sensation of his upper extremity. A 10/2014 MR arthrogram showed a superior labrum anterior posterior (SLAP) tear in the right labrum. A lumbar MRI showed discogenic disease of L3-4 and L4-5 with no nerve root compression. He was diagnosed with right shoulder superior labrum anterior posterior tear, bilateral shoulder impingement, and lumbar discogenic disease. He complained of depressive symptoms due to his pain. He had a right shoulder subacromial injection. His medications included Naproxen, Tramadol, Omeprazole, and Cyclobenzaprine. Physical therapy and acupuncture for the right shoulder and lower back were recommended. The current request is for Omeprazole, Naproxen, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs NSAIDs, GI risk

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used, as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPIs is not required unless he is at risk of gastrointestinal events. He is younger than age 65, has no history of peptic ulcer, GI bleeding or perforation, does not use ASA, corticosteroids, or an anticoagulant, and does not use high dose/multiple NSAIDs. The patient is taking Naproxen, but it is unclear how often he is taking it. There was no documentation of GI symptoms that would require a PPI. Long-term PPI use carries many risks and should be avoided. Therefore, the request is not medically necessary.

Cyclobenzaprine 1 tab HS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine is not medically necessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. There was no mention of spasms on exam. In addition, the MTUS states it is not any more effective than NSAIDs. Therefore, continued use is considered not medically necessary.

Naproxen 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

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

Decision rationale: The request for Naproxen is not medically necessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's back, neck, and right shoulder have been treated with NSAIDs, but there was no documentation of objective functional improvement and decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial.

