

Case Number:	CM14-0204039		
Date Assigned:	12/16/2014	Date of Injury:	01/11/2013
Decision Date:	02/03/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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 (IW) is a 46-year-old woman with a date of injury of January 11, 2013. The mechanism of injury is documented as a cumulative trauma. The IW underwent right shoulder arthroscopic subacromial decompression, distal clavicle excision, and rotator cuff repair and subacromial bursectomy and microfracture rotator cuff footprint on January 30, 2014. The IW underwent right elbow decompression of cubital tunnel with subcutaneous transposition of the ulnar nerve on July 21, 2014. The IW is status post 15 physical therapy sessions post right elbow surgery. The physical therapy (PT) progress notes available for review are largely illegible. It is hard to assess objective functional improvement based on the documentation. Pursuant to a progress note dated October 24, 2014, the IW complains of right shoulder, arm, elbow and hand pain rated 5/10. The right arm feels weak and there is numbness in the right upper extremity. Physical examination shows swelling over dorsum of right hand with darkened coloration. There is tenderness to palpation over the right 5th digit. Range of motion is limited in the right shoulder in all planes. There is guarded movement of the right upper extremity. Current diagnoses include adhesive capsulitis of shoulder; radial styloid tenosynovitis; medial epicondylitis; fibromyositis; and lesion of ulnar nerve. Current medications include Gabapentin 300mg, Naproxen 550mg, and Omeprazole 20mg. The documentation indicates naproxen 550 mg has been used since December 13, 2013. The documentation does not contain evidence of objective functional improvement. The progress note dated January 10, 2014 states the IW is taking Nabumatone 550mg. Nabumatone comes in a 500 mg and 750 mg strength. Naproxen comes in at 550 mg strength. The documentation indicates the IW developed a medication-induced gastritis; however, the offending medication is unclear (Nabumatone versus Naproxen). The September 9, 2014 progress note indicates the IW is taking naproxen 550 mg. The documentation does not contain objective functional improvement associated with naproxen use. The provider is

recommending 6 additional PT sessions so the IW is able to increase strength and range of motion in her right upper extremity. She is participating in home exercises. The provider notes well-healed scars over the medial right elbow and lateral right shoulder. The current request is for Naproxen Sodium 550mg #270, Omeprazole 20mg #90, and physical therapy to the right elbow X 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #270 is not medically necessary. Non-Steroidal Anti-Inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker's working diagnoses are medial epicondylitis; radial styloid tenosynovitis; fibromyositis; adhesive capsulitis of shoulder; and mononeuritis of upper limb and mononeuritis multiplex, lesion of ulnar nerve. The documentation indicates Naproxen 550 mg has been used since December 13, 2013. The documentation does not contain evidence of objective functional improvement. Progress note dated January 10, 2014 states the injured worker is taking Nabumatone 550mg. Nabumatone comes in a 500 mg and 750 mg strength. Naproxen comes in at 550 mg strength. The documentation indicates the injured worker developed a medication induced gastritis, however, the offending medication is unclear (Nabumatone versus Naproxen). September 9 2014 progress note indicates the injured worker is taking Naproxen 550 mg. The documentation does not contain objective functional improvement associated with Naproxen use. Consequently, absent the appropriate clinical documentation with objective functional improvement, the confusion with Nabumatone versus Naproxen, and the episode of gastritis (unclear what medication), Naproxen 550 mg #270 is not medically necessary.

Omeprazole 20mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #90 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65, history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or history of high dose or multiple nonsteroidal anti-inflammatory drug use. In this case, the injured workers working diagnoses are medial epicondylitis; radial styloid tenosynovitis; fibromyositis; adhesive capsulitis of shoulder; and mononeuritis of upper limb and mononeuritis multiplex, lesion of ulnar nerve. The documentation indicates there was an episode of medication induced gastritis January 10, 2014 progress note. Documentation indicated Nabumatone 550mg was the offending drug. However, Nabumatone is not common in 550 mg strength. Naproxen comes in a 550 mg strength. Subsequent progress notes indicate Naproxen was prescribed through the request for authorization. The injured worker does not have any comorbid conditions or past medical history with risk factors enumerated above. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent aspirin or corticosteroid use, etc. Consequently, absent the relevant risk factors, the appropriate clinical indication and rationale for omeprazole, and naproxen 550 mg not medically necessary, Omeprazole 20 mg #90 is not medically necessary.

Physical therapy to the right elbow; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right elbow (six sessions) is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines enumerate the frequency and duration of physical therapy for cubital tunnel syndrome postsurgical treatment. The guidelines allow 20 visits over 10 weeks. In this case, the injured worker had a right elbow decompression of cubital tunnel with subcutaneous transposition of the ulnar nerve performed on July 21, 2014. The injured worker had 15 physical therapy sessions postoperatively. The physical therapy progress notes are largely illegible. It is hard to assess objective functional improvement based on the documentation. However, the injured worker is allowed 20 visits over 10 weeks. 15 sessions were completed to date. Six sessions (requested) would exceed the recommended guidelines. The initial utilization review physician modified the request to three additional physical therapy sessions. Consequently, absent the relevant documentation regarding objective functional improvement of physical therapy (based on legibility) and the recommended guidelines, physical therapy to the right elbow six sessions is not medically necessary.