

Case Number:	CM14-0209290		
Date Assigned:	12/22/2014	Date of Injury:	04/25/2007
Decision Date:	02/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with a date of injury of 04/25/2007. According to progress report dated 11/26/2014, the patient presents with increasing upper back, neck and upper extremity pain. There was no complaint of gross lower extremity radiation or loss of bowel or bladder control. The patient's current medication regimen includes Migranal 4 mg nasal solution, omeprazole 20 mg for stomach irritation, trazodone as needed for anxiety or sleep, Lidoderm patches, Adderall as needed for concentration, ibuprofen 800 mg, naproxen sodium 550 mg, and Duexis 800-26.6 mg for NSAID with acid blocker. Examination revealed left shoulder pain with abduction at 90 degrees. Pain is increased with forward flexion and left cervical rotation. There was scapular pain and right upper back/neck pain with tenderness with trigger points throughout. Grip strength is intact bilaterally. Jamar testing on the right is 52/50/50 and on the left 39/40/37. There is no guarding noted. The patient is permanent and stationary. Treatment plan is for cervical radiofrequency ablation, ibuprofen 800 mg, naproxen 550 mg which is used to alternate with ibuprofen, omeprazole, and followup with [REDACTED]. The utilization review denied the request on 12/05/2014. Treatment reports 05/01/2014 through 12/22/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The current request is for naproxen 550 ng #60 with 1 refill. The MTUS Guidelines page 22 regarding anti-inflammatory medications states that "anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." This injured worker has been utilizing naproxen since at least 05/01/2014. In this case, recommendation for further use cannot be supported as the medical reports do not provide any discussion regarding the efficacy of this medication. MTUS page 60 on medication for chronic pain states that pain assessment and functional changes must be noted when medications are used for chronic pain. The requested Naproxen is not medically necessary.

Omeprazole 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The current request is for omeprazole 20 mg #60 with 1 refill. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the injured worker has been taking ibuprofen and Motrin on a long-term basis. The injured worker has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The requested Omeprazole is not medically necessary.