

<b>Case Number:</b>	CM15-0002135		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/31/2007
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old male who reported an injury on 03/31/2007. The mechanism of injury not stated. Current diagnoses include chronic neck pain, cervical radiculopathy, status post left shoulder arthroscopy, complaints of difficulty sleeping and status post right shoulder arthroscopy in 2013. The injured worker presented on 10/29/2014 with complaints of persistent symptoms. The injured worker reported constant left shoulder throbbing sensation at rest, rated 10/10 with movement. Previous conservative treatment includes physical therapy and medication management. Upon examination, there was decreased and painful range of motion of the neck with flexion to 45 degrees and extension to 25 degrees. There was a positive Spurling's maneuver with numbness and burning in the arm, forearm and shoulder. Recommendations included continuation of the current medication regimen of Anaprox 550 mg, Prilosec 20 mg and Vicodin 300 mg. A Request for Authorization form was then submitted on 11/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized Anaprox 550 mg since at least 04/2014. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.