

Case Number:	CM15-0007783		
Date Assigned:	01/26/2015	Date of Injury:	12/22/2003
Decision Date:	04/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona
 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 39-year-old female who reported an injury on 12/22/2003 due an unspecified mechanism of injury. The injured worker reportedly sustained an injury to her bilateral wrist and elbows. The injured worker's diagnoses included status post left cubital tunnel release, status post left and right carpal tunnel release, and status post right cubital tunnel release. The injured worker developed reflex sympathetic dystrophy of the bilateral upper extremities and gastropathy. The injured worker was evaluated on 12/08/2014. It was documented that the injured worker complained of bilateral shoulder and elbow pain. It was documented that the injured worker had pain relief with medications. Objective findings included positive Tinel's of the bilateral wrists and decreased grip of the bilateral wrists. The injured worker's medications included Neurontin, Norco 10/325 mg, omeprazole 20 mg, and Naprosyn 550 mg. The injured worker's treatment plan included a refill of medications. A Request for Authorization was submitted on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and 67.

Decision rationale: The requested Naprosyn 550mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends non-steroidal anti-inflammatory drugs in the management of chronic pain. However, continued use should be supported by an assessment of pain relief and documented functional benefit. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief related to medication usage. Additionally, the clinical documentation does not provide any indication that the injured worker has increased functional benefit resulting from the use of this medication. As the injured worker has been on this medication since at least 03/2013, continued use would need to be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Naprosyn 550mg #90 is not medically necessary or appropriate.

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The requested omeprazole 20mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of non-steroidal anti-inflammatory drugs for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation does indicate that the patient has been on this medication since at least 03/2013 and is diagnosed with gastropathy. However, an adequate assessment of the injured worker's gastrointestinal system to support that they are at continued risk for gastrointestinal events related to medication usage was not provided. Additionally, there is no documentation that the injured worker has significant symptom relief resulting from this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested omeprazole 20mg #90 is not medically necessary or appropriate.