MAXIMUS Federal Services

Case Number:	CM15-0101286		
Date Assigned:	06/03/2015	Date of Injury:	04/21/2012
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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 42-year-old female patient who sustained an industrial injury on 04/21/2012. A recent primary treating office visit dated 04/07/2015 reported the patient with subjective complaint of neck and right shoulder pain. Her right shoulder pain is improving. She is scheduled to begin physical therapy on 04/09/2015. Current medications are Norco, Tizanidine, omeprazole, Trazadone, and Naproxen. She states the omeprazole is helping her stomach upset secondary to medications. She has a surgical history of left shoulder arthroscopy in 2004, 2005 and right shoulder procedure in January 2015. Objective findings showed tenderness over the cervical paraspinals and reduced cervical range of motion in all planes. The right shoulder examination was limited due to pain. A magnetic resonance arthrogram imaging study performed on 11/19/2013 revealed a curvilinear contrast extension to the superior labrum compatible with a tear. The following diagnoses were applied: chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pain, SLAP tear, myalgia, and numbness. The plan of care involved the patient continuing with physical therapy, resume current medication regimen. She was dispensed with Naproxen, Omeprazole, and Trazadone. A primary treating office visit dated 12/02/2014 reported chronic right shoulder and neck pains. The surgery noted postponed secondary to an abnormal electrocardiogram. She is with increased pain and is requesting increased dosing for pain medications. By 01/05/2015, the patient was with subjective complaint of doing much better overall with the physical therapy and the increased medication. Surgery is scheduled for 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg DR cap, 1 cap by mouth daily, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The patient complains of pain in neck and right shoulder, rated at 4-5/10 without medications and 1-2/10 with medications, as per progress report dated 04/07/15. The request is for RETRO PRILOSEC 20mg DR CAP, 1 CAP BY MOUTH DAILY #60. There is no RFA for this case, and the patient's date of injury is 04/21/12. The patient is status post acromioplasty, Mumford procedure, Tenodesis and SLAP repair of the right shoulder, as per operative report dated 01/27/15. Diagnoses, as per progress report dated 04/07/15, included chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pain, SLAP tear, myalgia and numbness. Medications included Norco, Tizanidine, Omeprazole, Trazodone and Naproxen. The patient is not working, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the use of Omeprazole and Naproxen is first noted in progress report dated 10/02/15 and the patient has been taking the medication consistently at least since then. In progress report dated 04/07/15, the treater states, "She has GI upset from taking oral medications and omeprazole helps with that." Given the documentation of GI risk, the request for Omeprazole appears reasonable and IS medically necessary.

Retrospective request for Anaprox 550mg tab, 1 tab by mouth twice with breakfast and dinner, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient complains of pain in neck and right shoulder, rated at 4-5/10 without medications and 1-2/10 with medications, as per progress report dated 04/07/15. The request is for RETRO ANAPROX 550mg TAB, 1 TAB BY MOUTH TWICE W/BREAKFAST AND DINNER # 60 TAB. There is no RFA for this case, and the patient's date of injury is 04/21/12. The patient is status post acromioplasty, Mumford procedure, Tenodesis and SLAP

repair of the right shoulder, as per operative report dated 01/27/15. Diagnoses, as per progress report dated 04/07/15, included chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pain, SLAP tear, myalgia and numbness. Medications included Norco, Tizanidine, Omeprazole, Trazodone and Naproxen. The patient is not working, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen is first noted in progress report dated 09/18/14, and the patient has been taking the medications consistently at least since then. In progress report dated 04/07/15, the treater states that medications help reduce pain from 4-5/10 to 1-2/10. However, this information is not specific to the NSAID. Additionally, the treater does not document specific improvement in function. Hence, the request IS NOT medically necessary.