

Case Number:	CM15-0106869		
Date Assigned:	06/15/2015	Date of Injury:	06/24/2008
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female with an industrial injury dated 06/24/2008. The injury is documented as a result of repetitive use of the arms, fingers and hands. Her diagnoses included carpal tunnel syndrome, pain in joint of hand, chronic pain syndrome, tenosynovitis of hand and wrist and sleep disturbance. Prior treatment included occupational therapy, acupuncture, carpal tunnel surgery, nerve block injections and medications. Her current medication was Tylenol Extra Strength. The provider documentation dated 05/05/2015 notes the injured worker was complaining of right thumb and right forearm pain rated as 7/10. It is characterized as sharp and radiated to the neck and right shoulder. Physical exam noted the injured worker did not appear to be in acute distress. The provider documents Naproxen will assist the patient in pain relief and swelling of right wrist and forearm. The injured worker reported side effects with the use of non-steroidal anti-inflammatory drugs. She complains of heartburn, dyspepsia and epigastric pain. The provider documents she requires Omeprazole to relief her gastrointestinal symptoms. The requested treatments are Naproxen 550 mg # 60 and Omeprazole 20 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #60: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores with response to medication is unknown. The use of Naproxen caused dyspepsia. Continued use of Naproxen is not medically necessary.

Omeprazole 20 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was non NSAIDs for months which caused dyspepsia. The Naproxen is not medically necessary as noted above. Therefore, the continued use of Omeprazole is not medically necessary.