

Case Number:	CM15-0017892		
Date Assigned:	02/05/2015	Date of Injury:	12/04/2013
Decision Date:	04/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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 32 year old male, who sustained an industrial injury on December 4, 2013. The diagnoses have included status post injury right hand, right shoulder and status post right hand surgery. Currently, the injured worker complains of right hand pain. In a progress note dated December 8, 2014, the treating provider reports decreased range of motion right shoulder, the progress note is hand written and not all of it was legible. On December 22, 2014 Utilization Review non-certified a retro naproxen 550mg quantity 60, and retro omeprazole 20mg quantity 60, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67 and 69.

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 was injured on 12/04/2013 and presents with right hand pain. The retrospective request is for NAPROXEN 550 mg #60. The RFA is dated 12/08/2014 and the patient is to return to modified work on 12/08/2014. The patient has been taking this medication as early as 09/15/2014. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient is diagnosed with S/P injury in right hand, right shoulder SP/ST, and S/P right hand surgery. The patient has a decreased right shoulder range of motion, positive tenderness to palpation of the right shoulder, and a decreased 2nd digit finger flexion. He has tingling and numbness as well. The patient has been taking naproxen since 09/15/2014. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater does not document any benefit the patient may have from taking naproxen. There are no discussions provided regarding any change in pain and function. Therefore, the requested naproxen IS NOT medically necessary.

Retro: Omperazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular risk Page(s): 70 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 12/04/2013 and presents with right hand pain. The retrospective request is for OMEPRAZOLE 20 MG #60. The RFA is dated 12/08/2014 and the patient is to return to modified work on 12/08/2014. The patient has been taking this medication as early as 09/15/2014. MTUS Guidelines page 60 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease, GI bleeding, or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." As of 12/08/2014, the patient is taking Omeprazole, naproxen, and Topiramate. The patient has been taking Omeprazole as early as 09/15/2014. Although the patient is taking NSAIDs, none of the reports discussed what Omeprazole is doing for the patient. There are no GI symptoms described and no discussion regarding how Omeprazole is managing his symptoms. Therefore, the requested Omeprazole IS NOT medically necessary.