

Case Number:	CM15-0162777		
Date Assigned:	08/31/2015	Date of Injury:	01/21/2015
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/19/2015

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 63-year-old male, with a reported date of injury of 01-21-2015. The mechanism of injury was the result of working long hours on the computer. The injured worker's symptoms at the time of the injury included double vision, blurring of the words, constant watering of his eyes and discomfort, bilateral hand pain, right elbow pain, right shoulder pain, and neck pain. The diagnoses include right lateral epicondylitis, neck strain, strain of the thoracic region, right shoulder strain with impingement syndrome, left middle trigger finger, chronic conjunctivitis, and right thumb trigger finger. Treatments and evaluation to date have included eye drops, oral medications, acupuncture, physical therapy, and chiropractic treatment. The diagnostic studies to date have not been included in the medical records. The initial comprehensive report dated 07-07-2015 indicates that the injured worker complained of bilateral hand pain, right elbow pain, right shoulder pain, and right-sided neck pain. It was noted that the injured worker was working approximately 12 hours a day, seven days a week. He rated his right elbow pain 7 out of 10; his left hand pain was rated 7 out of 10; his right hand pain was rated 7 out of 10; and the right-sided neck pain was rated 5 out of 10. An examination of the right elbow showed extension at 0 degrees; flexion at 120 degrees; pronation at 80 degrees; supination at 80 degrees; no crepitus with palpation through range of motion; extreme tenderness over the lateral epicondyle; positive resistive wrist extension test; and negative cubital tunnel Tinel's test. An examination of the right shoulder showed diffuse tenderness to palpation throughout the subacromial region; tenderness to palpation in the trapezius; spasm over the insertion of the levator scapulae; forward flexion at 150 degrees; abduction at 150

degrees; extension at 50 degrees; external rotation at 80 degrees; internal rotation at 70 degrees; positive Hawkins; and tenderness to palpation over the acromioclavicular joint. An examination of the right hand showed full range of motion of the second through fourth phalanges; difficulty with circumduction of the thumb; inability to oppose the thumb; inability to completely extend the thumb at the MCP; weakly positive Finkelstein's; negative Phalen's and Tinel's; and a palpable nodule over the first A1 pulley. An examination of the left hand showed extension lag at the proximal interphalangeal joint; palpable triggering at the A1 pulley; intact range of motion to the remaining digits; negative Phalen's and Tinel's; and negative Finkelstein's. The examination of the cervical spine showed diffuse tenderness to palpation about the right side of the cervical paravertebral musculature; decreased extension, left lateral side bending, and left rotation; normal strength in the bilateral upper extremities; and intact sensory at C4-T1 bilaterally. The treatment plan included the prescription of Naproxen 500mg, one tablet twice a day and Omeprazole 20mg, one tablet daily. The injured worker is total temporary disabled until follow-up. The treating physician requested Omeprazole 20mg #60 (dispensed on 07-06-2015) and Naproxen 550mg #60 (dispensed on 07-06-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen 550mg # 60 dispensed 7/6/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with bilateral hand pain, right elbow pain, right shoulder pain, and right-sided neck pain. The request is for RETRO: Naproxen 550MG # 60 dispensed 7/6/2015. The request for authorization is dated 07/06/15. Physical examination of the right elbow reveals extremely tender over the lateral epicondyle. The resistive wrist extension test is positive. Exam of the right shoulder reveals diffusely tender to palpation throughout the subacromial region, tender to palpation in the trapezius where there is a palpable spasm appreciated over the insertion of the levator scapulae. Hawkins is positive, tender to palpation over the AC joint. Exam of the right hand reveals palpable nodule over the first A1 pulley. Finkelstein's is weakly positive. Exam of left hand reveals palpable triggering at the A1 pulley. Exam of cervical spine reveals diffusely tender to palpation about the right side of the cervical paravertebral musculature. Patient has been prescribed physical therapy, acupuncture, and chiropractic, but none of these modalities relieved his pain. Per progress report dated 07/06/15, the patient is total temporary disability. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic

pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. This is the initial trial prescription for Naproxen. The patient continues with bilateral hand pain, right elbow pain, right shoulder pain, and right-sided neck pain. In this case, since this is the initial trial, the treater has not had the opportunity to discuss the medication efficacy. Therefore, the request is medically necessary.

Retro: Omeprazole 20mg #60 dispensed 7/6/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with bilateral hand pain, right elbow pain, right shoulder pain, and right-sided neck pain. The request is for RETRO: Omeprazole 20MG #60 dispensed 7/6/2015. The request for authorization is dated 07/06/15. Physical examination of the right elbow reveals extremely tender over the lateral epicondyle. The resistive wrist extension test is positive. Exam of the right shoulder reveals diffusely tender to palpation throughout the subacromial region, tender to palpation in the trapezius where there is a palpable spasm appreciated over the insertion of the levator scapulae. Hawkins is positive, tender to palpation over the AC joint. Exam of the right hand reveals palpable nodule over the first A1 pulley. Finkelstein's is weakly positive. Exam of left hand reveals palpable triggering at the A1 pulley. Exam of cervical spine reveals diffusely tender to palpation about the right side of the cervical paravertebral musculature. Patient has been prescribed physical therapy, acupuncture, and chiropractic, but none of these modalities relieved his pain. Per progress report dated 07/06/15, the patient is total temporary disability. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, 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." Treater does not specifically discuss this medication. This is the initial trial prescription for Omeprazole. In this case, the patient is prescribed Naproxen, an NSAID. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are, and why he needs to take Omeprazole. Therefore, given the lack of documentation, the request is not medically necessary.