

<b>Case Number:</b>	CM15-0164182		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency Medicine

### 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 52 year old male injured worker suffered an industrial injury on 11-17-2011. The diagnoses included adhesive capsulitis of the shoulder, rotator cuff sprain and strain. The treatment included multiple right shoulder surgeries, medications, physical therapy and cortisone injections. On 7-20-2015, the treating provider reported the right shoulder is, "as sore as ever and tightens up frequently at night". The Prozac provided improvement in depressive symptoms secondary to pain and limited functions. He experienced GI upset secondary to medication use, which had worsened over the past month since Protonix was denied. He suggested a trial of Omeprazole. The injured worker continued totally temporarily disabled. The requested treatments included Retrospective 7/20/15 Omeprazole, Naproxen, Fluoxetine and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 7/20/15 Omeprazole DR 20 MG Qty 60 with 1 Refill:** 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:** According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. The IW has been taking Naproxyn, an NSAID for pain and inflammation. Documentation states the IW has previously been taking a gastrointestinal protectant for stomach upset related to medications. This agent was not approved and documentation reports the IW had "stomach upset." However, a review of symptoms documented from the same visit state reports no complaints of nausea, vomiting, heartburn, black stools, hematemesis. There was not abdominal exam documented. Omeprazole DR is not medically necessary based on the MTUS.

**Retro 7/20/15 Naproxen Sodium (Anaprox) 550 MG Qty 90 with 1 Refill:** 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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for nonsteroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short-term therapy. It is recommended at lowest dose for the shortest period in patients with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. There also needs to be evidence of functional improvement. The documentation provided did not include evidence of an acute conditions or an exacerbation of an acute condition. There was no evidence of functional improvement or pain relief. The medication had been in use for at least 3 months, which exceeded the recommended duration. Therefore, Naproxen is not medically necessary.

**Retro 7/20/15 Fluoxetine (Prozac) 20 MG Qty 30 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness/Stress, and Prozac.

**Decision rationale:** MTUS is silent on antidepressant for treatment of depression. ODG Mental Illness/Stress. Prozac was recommended as a first line treatment for major depressive disorder and posttraumatic stress disorder. The documentation provided indicates the prescription is for

depression and that its use help to managed symptoms. The medical record indicates there was a psychological evaluation on 12-23-2014, but no document containing the clinical information was included for review. The medical record did not contain evidence of symptoms or an objective evaluation of the effectiveness of the medication by tools such as the Beck Depression Scale. Without the supporting documentation, the prescription for Prozac is not medically necessary.

**Retro 7/20/15 Norco 10/325 MG Qty 204:** 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): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Documentation also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.