

Case Number:	CM15-0164363		
Date Assigned:	09/03/2015	Date of Injury:	08/20/2010
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	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: 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 57-year-old male, who sustained an industrial injury on 8-20-2010. The mechanism of injury is not described. The current diagnoses are plantar fasciitis, chronic right shoulder pain, and chronic right shoulder impingement, status post arthroscopy. According to the progress report dated 7-8-2015, the injured worker complains of pain in the right shoulder and bilateral feet. The pain is rated 5 out of 10 on a subjective pain scale. The physical examination of the right shoulder reveals no specific tenderness; however, there is crepitus, but no instability. Examination of the bilateral feet reveals positive tenderness of the apex of the heel bilaterally with tenderness of the Achilles insertion on the left. The current medications are Naproxen, Prilosec, Ultram, and Lunesta. Per notes, taking the medications as prescribed is helping him. He notes that the Prilosec prevents stomach upset that occurs when he takes Naproxen. There is documentation of ongoing treatment with Naproxen and Prilosec since at least 3-19-2015. Treatment to date has included medication management and surgical intervention. Work status is not specified. A request for Naproxen, Prilosec, and urine drug screen has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: 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: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with right shoulder pain, and bilateral foot pain rated 5/10 on VAS scale. The treater has asked for Naproxen 550mg #60 on 7/8/15. The request for authorization was not included in provided reports. The patient also has left hand numbness per 6/12/15 report. The patient's current medications include Naprosyn, Prilosec, Ultram, and Lunesta per 7/8/15 report. The patient's current medications "are helping him" but he has not been taking Lunesta or Norco on regular basis, but only as needed per 7/8/15 report. The patient's pain is brought on by activities such as bending, lifting, prolonged standing/sitting, walking, coughing, and lying flat per 6/12/15 report. The patient's work status is not included in the provided documentation. MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 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 nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The treater does not discuss this request in the reports provided. The patient has been taking Naprosyn since 8/21/14 and in reports dated 11/21/14, 2/19/15 and 7/8/15. The patient's current medication regimen, which includes Naprosyn, is helping per 7/8/15 report. The patient's pain is decreased by 2-3 points on a scale of 10 with medications per 3/19/15 report. Given the conservative nature of this medication and documentation of medication efficacy, the continued use of this medication is reasonable and supported by guidelines. This request IS medically necessary.

Prilosec 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with right shoulder pain, and bilateral foot pain rated 5/10 on VAS scale. The treater has asked for Prilosec 20mg #60 on 7/8/15. The request for authorization was not included in provided reports. The patient also has left hand numbness per 6/12/15 report. The patient's current medications include Naprosyn, Prilosec, Ultram, and Lunesta per 7/8/15 report. The patient's current medications "are helping him" but he has not been taking Lunesta or Norco on regular basis, but only as needed per 7/8/15 report. The patient's pain is brought on by activities such as bending, lifting, prolonged standing/sitting, walking, coughing, and lying flat per 6/12/15 report. The patient's work status is not included in the provided documentation. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that omeprazole is

recommended with precaution for patients at risk for gastrointestinal events: 1.Age greater than 65. 2.History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.High dose/multiple NSAID....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. Prilosec has been prescribed since report dated 12/18/14. Per progress report dated 7/8/15, the treater states that "he is taking the Prilosec which prevents stomach upset that occurs when he takes the Naprosyn." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. The patient has a history of gastric reflux disease per 8/21/14 report. As the treater has documented efficacy of Prilosec, continuation is in accordance with guideline recommendations. Therefore, the request IS medically necessary.

Urine drug screen 3 X over 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with right shoulder pain, and bilateral foot pain rated 5/10 on VAS scale. The treater has asked for Urine drug screen 3 X over 6 months on 7/8/15. The request for authorization was not included in provided reports. The patient also has left hand numbness per 6/12/15 report. The patients current medications include Naprosyn, Prilosec, Ultram, and Lunesta per 7/8/15 report. The patient's current medications "are helping him" but he has not been taking Lunesta or Norco on regular basis, but only as needed per 7/8/15 report. The patient's pain is brought on by activities such as bending, lifting, prolonged standing/sitting, walking, coughing, and lying flat per 6/12/15 report. The patient's work status is not included in the provided documentation. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The treater does not discuss this request in the reports provided. Given the patient is undergoing opioid therapy; the request would appear to be indicated. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. The patient's most recent urine drug screen was on 1/27/15, which was consistent (positive for Tramadol). However, the treater has not provided the patient's risk assessment, and does not discuss the necessity of 3-urine drug screen over the next 6 months when the patient has a consistent test less than 6 months ago and is not stated to be at high risk for addiction/aberrant behavior. Therefore, this request IS NOT medically necessary.