

Case Number:	CM15-0181401		
Date Assigned:	09/22/2015	Date of Injury:	11/18/2009
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, 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:

This is a 54 year old male patient, who sustained an industrial injury on 11-18-2009. The diagnoses include GERD, status post revision right lateral epicondyle repair and status post extensor carpal radialis brevis tendon region. Per the doctor's note dated 9/3/2015, he had complaints of increased swelling and pain over the bilateral elbow, stiffness of elbow and numbness of both hands. Per the doctor's note dated 07-08-2015, he had complaints of pain in bilateral elbow and hands and weakness of hands. Per the doctor's note dated 8/6/2015, patient was on Neurontin, Naprosyn and Omeprazole, without medication the patient was noted as not being able to functions. The physical examination revealed tenderness at lateral elbow. Hand written notes were difficult to decipher. The medications list includes Neurontin, Naprosyn and Omeprazole. The injured worker was noted to be taking Naprosyn and Omeprazole since at least 04-2015. Other therapy done for this injury was not specified in the records provided. The Utilization Review (UR) was dated 09-03-2015. A Request for Authorization was dated 08-06-2015 request for Naprosyn and Omeprazole. The UR submitted for this medical review indicated that the request for Naproxen and Omeprazole were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #90: 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, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naprosyn 550mg #90. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had pain over the bilateral elbow, stiffness of elbow and numbness of both hands. He has a history of right upper extremity surgeries. NSAIDs are considered first line treatment for pain and inflammation. The request for Naprosyn 550mg #90 is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.

Omeprazole 20mg #90: 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: Omeprazole 20mg #90. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(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)." Per the records provided patient has history of GERD. In addition, the patient was also prescribed naprosyn which is an NSAID. The request of Omeprazole 20mg #90 is medically appropriate and necessary for this patient.