

Case Number:	CM15-0192884		
Date Assigned:	10/06/2015	Date of Injury:	08/29/2014
Decision Date:	11/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 9, 2014. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for omeprazole and Naprosyn. The claims administrator referenced an office visit and an associated RFA form of August 14, 2015 in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, it was acknowledged that the applicant was not working. TENS unit patches were dispensed. 5/10 shoulder pain complaints were reported. The attending provider stated that the applicant's pain medications were beneficial, but did not elaborate further. Naprosyn and Prilosec were prescribed and/or dispensed. There was no mention of the applicant's having issues with reflux, heartburn, and dyspepsia on this date. On August 20, 2015, once again, it was acknowledged that the applicant was not working with a rather proscriptive 10-pound lifting limitation in place. Unemployment compensation paperwork was endorsed. 12 sessions of physical therapy were prescribed. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and dyspepsia. On July 27, 2015, the applicant was described as having ongoing complaints of shoulder pain. Authorization for shoulder surgery was sought. Postoperative physical therapy, Norco and a sling were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Naprosyn are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and dyspepsia, either NSAID-induced or stand-alone, on office visits of September 15, 2015 or August 26, 2015. Therefore, the request was not medically necessary.

Retro Naproxen Sodium 550 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, it was reported on September 15, 2015 and August 26, 2015. The applicant was not working with a rather proscriptive 10-pound lifting limitation in place on those dates, the treating provider acknowledged. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.