

Case Number:	CM15-0197609		
Date Assigned:	10/13/2015	Date of Injury:	05/08/2013
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 Jersey

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:

The injured worker is a 49 year old female who sustained an industrial injury on 5-8-13. The injured worker reported left shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervical, trapezia and lumbar sprain and left shoulder adhesive capsulitis. Medical records dated 7-22-15 indicate pain rated at 6 to 7 out of 10. Medical records dated 9-23-15 indicate pain rated at 9 to 7 out of 10. Provider documentation dated 7-22-15 noted the work status as return to modified work duties 9-23-15. Treatment has included physical therapy, Naproxen, and home exercise program. Objective findings dated 9-23-15 were notable for tenderness to the L4-L5 with deep palpation, low back pain with straight leg raise test, sensation in-tact to pinprick and light touch, tenderness to left anterolateral side of rib cage. The original utilization review (9-15-15) denied a request for Prilosec 20 mg Qty 60 and Naproxen 550 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, the Prilosec was used to help alleviate the stomach irritation from the naproxen, which was taken for her intermittent pain. However, daily use of this medication cannot be justified for this purpose alone as it comes with significant long-term risks. The request was for twice-daily use, which is inappropriate for intermittent pain and NSAID use. Occasional over the counter H2-blocker use would be more appropriate and only when using an NSAID occasionally. Therefore, in the case of this worker, this prescription for Prilosec 20 mg twice daily for chronic ongoing use cannot be justified and will be considered medically unnecessary at this time. Weaning over 1-2 weeks might be helpful. NOT medically necessary.

Naproxen 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of intermittent pain. The worker stated that her naproxen helped to reduce the pain when it comes on, but it was not clear if the worker was using this medication as prescribed (twice daily, each day) or if she was using it as needed and not regularly. Occasional naproxen use might be reasonable, if not daily, but would not require a twice-daily prescription in that case. Also, long-term risks of this medication should not be discounted when considering renewing. Therefore, this request for naproxen 550mg twice-daily use will be considered not medically necessary.