

<b>Case Number:</b>	CM15-0207530		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 claimant is a 42 year old female with injury on March 27, 2015. The injured worker was undergoing treatment for chronic cervical strain and or sprain, bilateral shoulder impingement syndrome more symptomatic on the right than the left, bilateral medial epicondylitis with the third and fourth tenosynovitis both wrists, possible carpal tunnel syndrome. According to progress note of September 17, 2015, the injured worker's chief complaint was hands, wrists, elbows, shoulders and neck injuries. The physical exam noted tenderness of the trapezius bilaterally. There was decreased range of motion in all planes of the cervical spine. There was pain in both shoulders with positive impingement sign. There was diffuse weakness of the shoulder girdle area. There was tenderness of the medial epicondyle bilaterally. There was tenderness of the ulnar nerve bilaterally. The Tinel's test was positive in the elbow area. There was weakness of the biceps and triceps. The forearm muscles were very weak. The injured worker had difficulty making a fist. The injured worker previously received the following treatments urine drug screening on August 17, 2015 was negative for any unexpected findings, physical therapy for the right elbow and forearm pain with no benefit, cortisone injection to the left shoulder on July 20, 2015, Anaprox DS 500mg on tablet two times daily since August 19, 2015 and Prilosec 20mg one table two times daily since August 19, 2015. The RFA (request for authorization) dated September 17, 2015; the following treatments were requested prescriptions for Anaprox DS 500mg #60 and Prilosec 20mg #60. The UR (utilization review board) denied certification on September 24, 2015; for prescriptions for Prilosec 20mg #60 and Anaprox DS 500mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Anaprox DS 550mg #60:** Overturned

**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, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a cumulative trauma work injury while working as a bag packer with date of injury in March 2015 and is being treated for bilateral upper extremity pain. As of 05/20/15 there had been completion of 9 physical therapy treatments. When seen in August 2015 there had been some benefit after a left shoulder cortisone injection. There was no improvement with physical therapy. There was decreased cervical and bilateral shoulder range of motion. There was trapezius tenderness and acromioclavicular joint tenderness. Shoulder impingement and apprehension testing was positive bilaterally. There was medial epicondyle tenderness. Tinels, Phalen, and reverse Phalen tests were recorded as both being positive and negative. Modified work was continued. Anaprox and Prilosec are being requested. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and is medically necessary.

### **Prilosec 20mg #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 rationale:** The claimant sustained a cumulative trauma work injury while working as a bag packer with date of injury in March 2015 and is being treated for bilateral upper extremity pain. As of 05/20/15 there had been completion of 9 physical therapy treatments. When seen in August 2015 there had been some benefit after a left shoulder cortisone injection. There was no improvement with physical therapy. There was decreased cervical and bilateral shoulder range of motion. There was trapezius tenderness and acromioclavicular joint tenderness. Shoulder impingement and apprehension testing was positive bilaterally. There was medial epicondyle tenderness. Tinels, Phalen, and reverse Phalen tests were recorded as both being positive and negative. Modified work was continued. Anaprox and Prilosec are being requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not medically necessary.