

Case Number:	CM15-0021368		
Date Assigned:	02/10/2015	Date of Injury:	09/03/2008
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, 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:

The 60 year old male injured worker suffered and industrial injury on 9/3/2008. The diagnoses were shoulder region disorders, cervicgia, and sprain/strain of the elbow, forearm, knee and leg. The treatments were medications. The treating provider reported complained of neck pain radiating to the shoulders and extremities. On exam there was spasms tenderness and guarding over the cervical muscles with reduced range of motion along with decreased sensation. There was positive impingement sign to the shoulders. The Utilization Review Determination on 1/6/2015 non-certified: 1. Anaprox DS 550mg #60 with 5 refills, modified to no refills citing MTUS. 2. Prilosec 20mg #60 with 5 refills, modified to no refills citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Recent visits did not include VAS pain scores and there was no recent improvement in function. Continued use of Anaprox is not medically necessary.

Prilosec 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Prilosec with Anaprox since at least June 2014. Furthermore, the continued use of Anaprox as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.