MAXIMUS Federal Services

Case Number:	CM15-0038153		
Date Assigned:	03/06/2015	Date of Injury:	01/11/2013
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/27/2015

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 injured worker is a 46-year-old female, who sustained an industrial injury on January 11, 2013. She has reported a repetitive injury to the right shoulder and elbow. The diagnoses have included radial styloid tenosynovitis, and medial epicondylitis. Treatment to date has included medications, physical therapy, elbow surgery, and shoulder surgery. She is not working at this time. Currently, the IW complains of continued right arm and elbow pain. Physical findings are revealed as: negative Tinel's, and a full range of motion to the elbow. There is limited range of motion to the right shoulder in all plains. She indicates her pain level is 6/10. The Utilization Review indicates approval for a cervical epidural injection at C6-7, and Gabapentin 300mg. A previous Utilization Review on November 3, 2014, indicates recommendation for weaning of Naproxen. On January 27, 2015, Utilization Review non-certified Omeprazole 20mg; and modified certification of Naproxen Sodium 550mg #60. The MTUS guidelines were cited. On February 27, 2015, the injured worker submitted an application for IMR for review of Naproxen Sodium 550mg #180, and Omeprazole 20mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Qty 180.00: Upheld

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

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 at least 8 months. The claimant was previously using 90 tablets a month and there was mention of a weaning plan. The claimant was getting pain relief previously with Gabapentin. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen with quantity of 180 at this time is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the MTUS guidelines, Omeprazole 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 antiplatelet use that would place the claimant at risk. In addition, there is no indication to continue the Naproxen as above, therefore the continued use of Omeprazole is not medically necessary.