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| Case Number: | CM15-0039679 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 05/12/2004 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 45 year old male who sustained an industrial injury on 5/12/04. The injured worker reported symptoms in the shoulders, neck, back and lower extremities. The injured worker was diagnosed as having left shoulder impingement with superior labrum anterior to posterior tear, right shoulder pain and right wrist/hand pain, cervicothoracic strain left side with recurrent left cervical radicular symptoms, cervicogenic headaches, chest wall strain and contusion with continued pain and lumbar strain with recurrent symptoms with now lumbar radiculopathy. Treatments to date have included status post left shoulder surgery on 4/3/08, status post right shoulder arthroscopic surgery on 1/7/10, oral pain medication, oral pain medications and home exercise program. In a progress note dated 1/12/15 the treating provider reports the injured worker was with "increased back pain with radiation to the right leg."

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAIDS
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 (including Nabumetone) for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risk and the claimant required a PPI due to GI upset. IN addition, the claimant still required the use of Morphine for pain control. Continued use of Naproxen is not medically necessary.

Omeprazole 20mg 1-2 tabs daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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. The claimant was given Omeprazole for several months for GI upset due to NSAIDS. The continued use of Naproxen is not medically necessary as above. Therefore, the continued use of Omeprazole is not medically necessary.