

Case Number:	CM15-0081918		
Date Assigned:	05/04/2015	Date of Injury:	04/23/2014
Decision Date:	06/04/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/28/2015

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: California

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 injured worker is a 54 year old female who sustained an industrial fall injury to her right shoulder on 04/23/2014. The injured worker was diagnosed with right shoulder pain, status post right humeral fracture on April 24, 2014 and compensatory left shoulder pain. Treatment to date includes diagnostic testing, Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies on March 7, 2015, X-rays and left shoulder magnetic resonance imaging (MRI) on March 16, 2015, physical therapy, medicinal marijuana and anti-inflammatories. According to the primary treating physician's progress report on March 13, 2015, the injured worker reports doing worse with increased pain in both shoulders. The pain is worse on the left side with radiation to the upper neck and weakness and aching in the shoulders that radiate to the biceps with occasional numbness and tingling in the hand. The injured worker reports anti-inflammatory medication is not helping and she no longer uses medical marijuana. Examination demonstrated both shoulders to have increased tenderness to palpation with decreased range of motion particularly on internal rotation. The left shoulder was more affected than the right shoulder. Positive impingement maneuvers were noted bilaterally. Strength and sensation were intact. Current medications are listed as Ultram, Naproxen and Omeprazole. Treatment plan consists of pain control, signed opioid agreement, urine drug screening next visit and the current request for Naprosyn and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg: Overturned

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): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen had been helpful in the past and is being used intermittently. This is documented in a progress note from 12/19/2014, and the patient continues with significant shoulder pain. Thus, the currently requested Naproxen is medically necessary.

Prilosec 20mg: 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 PPI Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.