

Case Number:	CM15-0082612		
Date Assigned:	05/05/2015	Date of Injury:	01/04/2014
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/29/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 63 year old male, who sustained an industrial injury on 1/4/14. The injured worker has complaints of bilateral knee pain and discomfort. The diagnoses have included bilateral shoulder pain and dysfunction; bilateral shoulder impingement; bilateral knee pain and dysfunction; bilateral knee mechanical symptoms and left knee medial mensis. Treatment to date has included acupuncture; magnetic resonance imaging (MRI) of the left shoulder on 8/27/14 reported had complete tear of supraspinalus with retraction, ric and biceps tendinosis; magnetic resonance imaging (MRI) of the right shoulder on 8/27/14 reported a complete tear of supraspinalus with retraction, ric and biceps tendinosis and magnetic resonance imaging (MRI) of the left knee on 8/27/14 report noted increased signal in medial meniscus likely tear; magnetic resonance imaging (MRI) of the right knee; home exercises; naproxen; tramadol and prilosec. The request was for retrospective prilosec 20mg #90 and retrospective naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. There is lack of documentation of functional improvement, while on this medication. According to the clinical documentation provided and current MTUS guidelines; Naproxen is not indicated a medical necessity to the patient at this time.

Retro naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Prilosec, as stated in the above request, is determined not to be a medical necessity at this time.