

Case Number:	CM15-0089052		
Date Assigned:	05/13/2015	Date of Injury:	09/07/2007
Decision Date:	06/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

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 58 year old female, who sustained an industrial injury on 9/07/2007, due to repetitive lifting. The injured worker was diagnosed as having frozen shoulder, shoulder impingement, complete rotator cuff rupture, and rotator cuff syndrome, bursitis. Treatment to date has included conservative measures, noting that surgical intervention was declined by the injured worker. On 2/05/2015, the injured worker complained of bilateral neck and shoulder pain, rated 9/10. Medications included Omeprazole, Orphenadrine ER, Voltaren gel, Celebrex, and Nabumetone. Medical history included high blood pressure and gastrointestinal complaints were not noted. She was dispensed Omeprazole and Celebrex. On 3/05/2015, the injured worker complained of pain in her bilateral shoulders and neck, rated 9/10. Associated symptoms included numbness, tingling, weakness, and headaches. Difficulty with completion of activities of daily living was reported. Current medication use included Omeprazole, Orphenadrine ER, Voltaren gel, Celebrex, and Nabumetone. She denied any gastrointestinal symptoms. Exam of the shoulders noted crepitus, multiple trigger points, and limited range of motion. Strength and sensation were decreased in both upper extremities. Apprehension test was positive on the right and Adson's and Speed's tests were positive bilaterally. Naproxen was dispensed. Again, Naprosyn was requested as dispensed on 4/07/2015. An acknowledgement of dispensed medications was signed and dated 4/06/2015. An updated assessment was not included for this date to determine the efficacy of the current medication regime. Pain levels appeared to be consistently 9/10 for several months and functional status also appeared unchanged. She was not working as was documented as medically disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20 mg #60 dispensed on 2/5/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in September 2007 and continues to be treated for chronic bilateral neck and shoulder pain. When seen on the dates under review, medications being prescribed also included Celebrex. She has a past medical history of hypertension and review of systems is negative for gastrointestinal problems. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and medications include Celebrex, a selective COX- 2 medication. In this clinical scenario, the prescribing of a proton pump inhibitor such as omeprazole is not medically necessary.

Retrospective Naproxen Sodium 550 mg #60 dispensed on 3/5/2015 and 4/7/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in September 2007 and continues to be treated for chronic bilateral neck and shoulder pain. When seen on the dates under review, medications being prescribed also included Celebrex. She has a past medical history of hypertension and review of systems is negative for gastrointestinal problems. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Regardless, the claimant is being prescribed Celebrex. Prescribing a second, nonselective NSAID such as Naprosyn was not medically necessary.