

Case Number:	CM14-0124287		
Date Assigned:	08/08/2014	Date of Injury:	08/01/2012
Decision Date:	10/06/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old male who was injured on 08/01/2012. The mechanism of injury is unknown. The patient underwent a right shoulder arthroscopic capsular labral reconstruction; right shoulder subacromial decompression; right shoulder bursectomy; and right elbow lateral epicondylectomy/microtenotomy on 09/25/2013. Toxicology report dated 04/28/2014 detected hydrocodone, hydromorphone, Morphine, and Tramadol. Ortho note dated 06/16/2014 states the patient has less pain and increased mobility. On exam, the right shoulder revealed range of motion forward flexion to 160 degrees; abduction to 70 degrees; external rotation 30 degrees. There is positive impingement on the right as well as Speed's test. He is diagnosed with residual right shoulder rotator cuff tendinitis status post arthroscopic subacromial decompression and labral repair. The patient does have a history of gastritis documented on report dated 03/10/2014. Prior utilization review dated 07/22/2014 states the request for Naproxen 550mg #120 refills x2 is denied as medical necessity has not been established; and Protonix 20mg #120 x2 refills is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120 refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The above MTUS guidelines states for NSAIDs "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." In this case, progress note from 6/16/14 states "he has improved since his last visit. He has less pain and increased mobility," however, the note does not document the severity of pain including moderate to severe pain, only documenting that the patient has "less pain." If the pain is mild to moderate, acetaminophen should be considered, especially in this patient with a documented history of gastritis. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Protonix 20mg #120 x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 67-69.

Decision rationale: The above MTUS guidelines regarding proton pump inhibitors states "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." In this case, although the patient has a documented history of gastritis as per note on 3/10/14, the request for NSAIDs is not medically necessary as explained above. So therefore, the request for a proton pump inhibitor is not medically necessary. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.