

<b>Case Number:</b>	CM14-0134365		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Internal Medicine, and is licensed to practice in California. 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 61 year old female who was injured on 10/10/2012. The mechanism of injury is unknown. Progress report dated 07/16/2014 documented the patient to have complaints of continued right elbow and arm pain. Her pain radiates to her right shoulder and right wrist. She reported difficulty with activities of daily living as they would aggravate her pain. On exam, there was tenderness to palpation over the right lateral elbow. Right elbow range of motion revealed flexion at 140; extension at 180; supination at 85 and pronation at 75. The right shoulder revealed restricted range of motion in flexion and abduction. The patient is diagnosed with shoulder impingement, lateral epicondylitis, and derangement of the joint. He was prescribed and recommended Omeprazole 20 mg, Naproxen sodium 550 mg and Medrox pain relief ointment. Prior utilization review dated 07/30/2014 states the request for Omeprazole Dr 20 Mg #30 2 refill; and Naproxen 550mg Bid #60 is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20 MG #30 2RF:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The guidelines recommend PPI therapy for patients at risk for GI complications on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. The guidelines state that PPIs are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical notes did not identify the patient as being at increased risk for GI symptoms. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**NAPROXEN 550MG BID #60:** 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 guidelines recommend NSAID therapy for acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. From the documents provided it appears the patient has been taking NSAIDs for longer than the recommended duration. Additionally, from the documents it is unclear if the patient is obtaining significant benefit from the NSAIDs. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.