

Case Number:	CM14-0149011		
Date Assigned:	09/18/2014	Date of Injury:	04/07/2014
Decision Date:	11/19/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 32 year old male with date of injury 4/7/2014. The mechanism of injury is stated as cumulative trauma. The patient has complained of right shoulder pain, bilateral knee pain and back pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: bilateral shoulders decreased range of motion, lumbar spine decreased range of motion. Diagnoses: right shoulder pain, lumbar strain, bilateral knee pain. Treatment plan and request: Naproxen, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: This 32 year old male has complained of right shoulder pain, bilateral knee pain and back pain since date of injury 4/7/2014. He has been treated with physical therapy and medications. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-4 week) symptomatic relief of pain. There is no

discussion in the available medical records regarding the necessity of use of Naproxen in this patient and the current treatment duration requested exceeds the duration recommended by the MTUS guidelines. On the basis of the documentation provided in the available medical records and the above cited MTUS guidelines, Naproxen is not indicated as medically necessary.

Omeprazole 20 mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 32 year old male has complained of right shoulder pain, bilateral knee pain and back pain since date of injury 4/7/2014. He has been treated with physical therapy and medications. The current request is for Prilosec. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.