

<b>Case Number:</b>	CM14-0174113		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Nephrology 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 50-year-old female who has submitted a claim for lateral epicondylitis, carpal tunnel syndrome, wrist osteonecrosis, and adjustment disorder with mixed anxiety and depressed mood associated with an industrial injury date of 6/25/2013. Medical records from 2014 were reviewed. The patient complained of elbow, hand and wrist pain, rated 6/10 in severity, associated with numbness. A physical examination showed tenderness at the wrist, positive Finkelstein's test, positive Phalen's sign, and Tinel's sign. Treatment to date has included wrist support, and medications such as naproxen and Prilosec (since August 2014). Utilization review and from 10/6/2014 denied the request for retrospective Naproxen sodium 550 mg, #60 because long-term use was not recommended; and denied retrospective Omeprazole 20 mg, #60 because patient was not at intermediate risk of gastrointestinal event to warrant such treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Naproxen Sodium 550 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient had been on Naproxen since August 2014. However, there was no documentation concerning pain relief and functional improvement derived from medication use. Long-term use was likewise not recommended. Lastly, the date of service for review of this retrospective request was not specified. Therefore, the Retrospective request for Naproxen Sodium 550 mg # 60 was not medically necessary.

**Retrospective request for Omeprazole 20 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient had been on Omeprazole since August 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Lastly, the date of service for review of this retrospective request was not specified. Therefore, the Retrospective request for Omeprazole 20 mg # 60 was not medically necessary.