

<b>Case Number:</b>	CM14-0088489		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48-year-old individual was reportedly injured on October 21, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 11, 2014, indicated that a permanent and stationary status has been reached. The rotator cuff pathology has been addressed with medication, surgery and physical therapy. There were ongoing complaints of shoulder pain. The physical examination demonstrated decreased range of motion. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, multiple sessions of physical therapy, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) and NSAIDs, GI sympto.

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

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule (MTUS), this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and is considered a gastric protectorant. The multiple progress notes for review do not indicate any complaints of gastrointestinal disruption, discomfort or indicating a negative side effect of the medication protocol being used. As such, based on the clinical records reviewed and by the parameters identified in the ODG, this medication is not clinically indicated.

**RETRO Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs) Page(s): 66, 67, 6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** When noting the date of injury, the mechanism of injury, the injury sustained, the treatment rendered for the multiple arthroscopic surgeries, and taking the parameters noted in the ODG (ACOEM and MTUS do address), there is an indication for this medication to address the signs and symptoms of osteoarthritis. While noting there are demonstrations of this ordinary disease of life osteoarthritis, there is no indication that this medication has reached any evidence ordinary disease of life changes noted. There is no increased functionality or decreased pain, so the efficacy/utility with medication has not been objectified. Based on what is presented, the medical necessity for this medication had not been established.