

Case Number:	CM14-0191102		
Date Assigned:	11/24/2014	Date of Injury:	11/21/2013
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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:

This is a 53 year old female patient who sustained a work related injury on 11/21/2013. Patient sustained the injury due to slip and fall incident. The current diagnoses include musculoligamentous strain of cervical spine, right and left shoulder impingement, musculoligamentous strain of lumbosacral spine, with 2-3mm disc protrusion L4-5, L5-S1; Left knee strain and carpal tunnel syndrome. Per the doctor's note dated 8/20/14, patient has complaints of low back pain 6/10 radiating down left foot; left knee intermittent pain 7/10; bilateral shoulder pain at 5/10; bilateral hand numbness/tingling and weakness; bilateral wrist pain constant pain at 5/10; cervical spine pain 4/10 and she had difficulty in sleep and had anxiety. Physical examination revealed tenderness to palpation cervical spine, bilateral shoulders and bilateral wrist; positive impingement over right and left shoulder; positive McMurray's left knee, tenderness to palpation over left knee patellar tendon, painful limited ROM of cervical spine and lumbar spine, right shoulder ROM: flexion 161 degrees, abduction 160 degrees and left shoulder flexion 165 degrees and abduction 155 degrees. The medication lists include Biaxin, Tylenol with Codeine, Norco, Ambien 10 mg, and Prilosec. The patient has had x-rays for this injury. She had received an injection for this injury. The patient had hysterectomy in 2001. The patient has received an unspecified number of the physical therapy and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg (Retrospective DOS 05/28/14) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68, 73, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The patient is having chronic pain and is taking Naproxen for this injury. The patient has lumbar pain with objective evidence of radiculopathy including an EMG showing radiculopathy. In addition the notes also reveal palpable tenderness at left lumbar, lumbar, right sacroiliac, right lumbar, left sacroiliac, sacral, right buttock, right posterior leg, right posterior thigh, and calf with spasms. Per the notes he has been authorized for lumbar spine surgery. NSAIDS like Naproxen are first line treatments to reduce pain. The use of Naproxen 550 mg (Retrospective DOS 05/28/14) QTY: 60.00 is deemed medically appropriate and necessary in this patient.

Omeprazole 20 mg (Retrospective DOS 05/28/14) QTY: 60.00: 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): 68-69.

Decision rationale: There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20 mg (Retro DOS 05/28/14) QTY: 60.00 is not fully established in this patient.