

<b>Case Number:</b>	CM14-0212793		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male patient who sustained a work related injury on 9/13/12. Patient sustained the injury when he was trying to move a part that was above head level. The current diagnoses includes/p left shoulder arthroscopy/capsulorrhaphy 12/17/13, cervical radiculitis and shoulder dislocation. Per the doctor's note dated 12/18/18, patient has complaints of left shoulder pain with numbness and weakness in right arm. Physical examination of the cervical region revealed tenderness on palpation, decreased sensation, muscle weakness and negative Spurling sign. The medication lists include Naproxen and Omeprazole. The patient has had X-ray of the left shoulder that was positive for dislocation. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include left shoulder rotator cuff repair on 12/17/13The patient had received a cortisone injection in the left shoulder. The patient has received an unspecified number of PT visits for this injury. The patient has used a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg:** Overturned

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

**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 nonsteroidal 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. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. Patient sustained the injury when he was trying to move a part that was above head level. The current diagnoses include s/p left shoulder arthroscopy/capsulorrhaphy 12/17/13, cervical radiculitis and shoulder dislocation. Per the doctor's note dated 12/18/18, patient has complaints of left shoulder pain with numbness and weakness in right arm. Physical examination of the cervical region revealed tenderness on palpation, decreased sensation, and muscle weakness. The patient has had X-ray of the left shoulder that was positive for dislocation. The patient's surgical history include left shoulder rotator cuff repair on 12/17/13. The patient had received a cortisone injection in the left shoulder. The patient has chronic pain along with significant documented abnormal objective findings. NSAIDs like Naproxen are first line treatments to reduce pain. The request for Naproxen 550mg is deemed medically appropriate and medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular.

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

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." 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 20mg #60 is not established.