

Case Number:	CM14-0218715		
Date Assigned:	01/08/2015	Date of Injury:	05/05/2011
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, 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 female who suffered an industrial related injury on 5/5/11. A physician's report dated 11/17/14 noted the injured worker had problems related to a broken right foot. Bilateral leg edema and a respiratory infection were noted. The injured worker complained of headaches and neurologic pain in her extremities, back, and neck. Medications were prescribed for nausea and dizziness. A physician's report dated 12/15/14 noted the injured worker needed naproxen as an anti-inflammatory and omeprazole to help control her gastrointestinal symptoms from the naproxen. On 12/18/14 the utilization review (UR) physician denied the requests for Omeprazole 20mg #30 and Naproxen 550mg #60. The UR physician noted there was no documentation that showed an objectively identifiable and currently ongoing occupational pathology relating to a contusion in 2011 that is mean to be addressed by the requested medications. There was no documentation how the injured worker was unable to take these medications in over the counter form. Therefore the requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms &, Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as below is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.

Naproxen 550 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms &, Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen previously. There was no indication for return of use. The decision was based on the claimant's request to use Naproxen rather than justified medical reasoning. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In addition, the claimant required a PPI for GI protection while on Naproxen. Continued use of Naproxen is not medically necessary.