

<b>Case Number:</b>	CM15-0101363		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female injured worker suffered an industrial injury on 12/12/2014. The diagnoses included right hand lacerations and rith 4th middle finger fracture. The injured worker had been treated with medications, closed fixation of the fracture and physical therapy. On 4/14/2015, the treating provider reported continued restricted range of motion with firmness to palpations of the 5th digit. The treatment plan included Retrospective request for Omeprazole and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omeprazole #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with right hand pain. The request is for retrospective request for Omeprazole #30. The request for authorization is not provided. The patient is status-post closed reduction and percutaneous fixation, date unspecified. X-ray, date unspecified, shows the alignment of the fracture to be adequate with early healing. Physical examination reveals restricted range of motion with firmness to palpation of the fifth digit. She has four of the six authorized sessions of physical therapy remaining. She has noted some improvement but continues to have stiffness and swelling. She was given a refill on her Naprosyn and Omeprazole. Per progress report dated 04/14/15, the patient is on modified work. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The patient has been prescribed Omeprazole since at least 03/24/15. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Therefore, the request is not medically necessary.

**Retrospective request for Naprosyn #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The patient presents with right hand pain. The request is for retrospective request for Naprosyn #60. The request for authorization is not provided. The patient is status-post closed reduction and percutaneous fixation, date unspecified. Physical examination reveals restricted range of motion with firmness to palpation of the fifth digit. She has four of the six authorized sessions of physical therapy remaining. She has noted some improvement but continues to have stiffness and swelling. She was given a refill on her Naprosyn and Omeprazole. Per progress report dated 04/14/15, the patient is on modified work. MTUS Guidelines on anti-inflammatory page 22 states, "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." Treater does not specifically discuss this medication. The patient has been taking Naproxen since at least 03/03/15; however, review of the reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request is not medically necessary.

