

Case Number:	CM15-0010717		
Date Assigned:	01/30/2015	Date of Injury:	06/10/2004
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 58 year old female who sustained an industrial injury on 6/10/04. The injured worker reported symptoms in the left shoulder, left arm and left wrist. The diagnoses included left shoulder strain/sprain, tendinitis, left elbow lateral epicondylitis, cubital tunnel syndrome, and status post left wrist ganglion cyst removal with residuals. Treatments to date have included physical therapy, oral medications, elbow brace and splint. PR2 dated 10/8/14 noted the injured worker presents with pain rated at "3/10" the treating physician is requesting Omeprazole 20mg quantity of 60 and Naproxen Sodium 550mg quantity of 60. On 12/23/14, Utilization Review non-certified a request for Omeprazole 20mg quantity of 60 and Naproxen Sodium 550mg quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risk factors include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbar sprain/strain; and the pain. Subjectively, the injured worker complains of low back pain that comes and goes and bilateral knee pain. She also reports bilateral radiculopathy. There are no gastrointestinal complaints noted. There are no symptoms in the review of systems and no discussion of gastrointestinal findings. Specifically, there is no history of comorbid or past medical problems that include peptic ulcer disease, G.I. bleeding, and concurrent use of aspirin, etc. Omeprazole has been used in excess of three years. There is no documentation in the medical record indicating objective functional improvement or whether or not Omeprazole has had an effect. Consequently, absent clinical documentation with risk factors to support ongoing use of omeprazole, omeprazole 20 mg #69 that it was necessary.

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar sprain/strain; and knee pain. Subjectively, the injured worker complains of low back pain that comes and goes and bilateral knee pain. She also reports bilateral radiculopathy. There are no gastrointestinal complaints noted. The treating physician, according to a progress note dated March 15, 2013, prescribed Naproxen 550mg. the documentation does not contain evidence of objective functional improvement associated with the ongoing long-term use of naproxen to gauge efficacy. Additionally, anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Consequently, absent clinical documentation with evidence of objective functional to gauge efficacy of Naproxen, Naproxen sodium 550 mg #60 is not medically necessary.

