

<b>Case Number:</b>	CM15-0119507		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 injured worker is a 41-year-old female, who sustained an industrial injury on 2/26/13. She reported pain in her right shoulder and right wrist. The injured worker was diagnosed as having chronic right shoulder impingement syndrome and partial rotator cuff tear, chronic right wrist sprain and left carpal tunnel syndrome. Treatment to date has included physical therapy, right rotator cuff repair on 3/5/15, Methoderm gel since at least 3/12/15, Naprosyn and Omeprazole. As of the PR2 dated 3/24/15, the injured worker reported discontinuing narcotics and returning to work. Objective findings include right shoulder incisions well healed, distal right arm motor function is good and light-touch sensation intact. The treating physician requested Methoderm gel 120gm #2, Naprosyn 550mg #100 and Omeprazole 20mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg (1 tablet by mouth twice daily), #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines on anti-inflammatory, Anti-inflammatories: Pain Outcomes and Endpoints Page(s): 22, 8.

**Decision rationale:** Based on the 03/24/15 progress report provided by treating physician, the patient presents with right upper extremity pain. The patient is status post right shoulder arthroscopic rotator cuff repair and decompression (03/05/15). The request is for naprosyn 550mg (1 tablet by mouth twice daily), #100. RFA with the request not provided. Patient's diagnosis on 03/24/15 included healed right shoulder arthroscopic portal incisions. Physical examination to the right shoulder on 03/24/15 revealed right shoulder incisions well healed, distal right arm motor function is good and light-touch sensation intact; and decreased tenderness around right shoulder. Treatment do date has included surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Ibuprofen, Omeprazole and Mentherm gel. The patient is not fit for duty, per 06/04/15 report. Treatment reports provided from 04/15/13 - 06/04/15. 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." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Naprosyn has been included in patient's medications, per progress reports dated 12/30/14, 03/11/15, and 04/22/15. It is not known when Naprosyn was initiated. Per 03/24/15 report, provider states "The patient has stopped using narcotic analgesics and is now taking ibuprofen medication with symptomatic relief." Given patient's continued pain and documentation of functional improvement, the request for Naprosyn appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Omeprazole 20mg (1 tablet by mouth twice daily), #100:** Upheld

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

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

**Decision rationale:** Based on the 03/24/15 progress report provided by treating physician, the patient presents with right upper extremity pain. The patient is status post right shoulder arthroscopic rotator cuff repair and decompression (03/05/15). The request is for omeprazole 20mg (1 tablet by mouth everyday/twice daily), #100. RFA with the request not provided. Patient's diagnosis on 03/24/15 included healed right shoulder arthroscopic portal incisions. Physical examination to the right shoulder on 03/24/15 revealed right shoulder incisions well healed, distal right arm motor function is good and light-touch sensation intact; and decreased tenderness around right shoulder. Treatment do date has included surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Ibuprofen, Omeprazole and Mentherm gel. The patient is not fit for duty, per 06/04/15 report. Treatment reports provided from 04/15/13 - 06/04/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or

consider H2-receptor antagonists or a PPI." Naprosyn and Omeprazole have been included in patient's medications, per progress reports dated 12/30/14, 03/11/15, and 04/22/15. It is not known when Omeprazole was initiated. Per 03/24/15 report, provider states "The patient has stopped using narcotic analgesics and is now taking ibuprofen medication with symptomatic relief." MTUS allows for prophylactic use of ppi along with oral NSAIDs when appropriate GI risk is present. However, provider has not documented GI assessment to warrant prophylactic use of PPI. Additionally, provider has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue, when it has been at least 7 months from UR date of 07/10/15. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.