

Case Number:	CM15-0124832		
Date Assigned:	07/09/2015	Date of Injury:	05/12/2010
Decision Date:	09/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 64 year old male, who sustained an industrial injury on May 12, 2010. He reported right shoulder pain. The injured worker was diagnosed as having status post right shoulder surgery, history of right rotator cuff tear and right shoulder sprain. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of an exacerbation of the right shoulder pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported continuing to work and having an exacerbation of right shoulder pain on February 16, 2015, starting at work while covering an airplane part using tape. Evaluation on February 18, 2015, revealed continued right shoulder pain with decreased range of motion. He rated the pain at 8 on a 1-10 scale with 10 being the worst with movement. He noted the pain radiated to the forearm. He reported requiring two rotator cuff surgeries on the right side, the last in April of 2012, and being pain free since then until February 16, 2015. He was using Tylenol and Ultracet for pain relief. NSAIDs were not recommended. The physician noted continued elevated blood pressure. Evaluation on April 9, 2015, revealed continued pain as noted. He was treated with Ultram, Naproxen and Prilosec. The gastrointestinal symptoms were not specified in the documentation. Prilosec was prescribed as needed. Evaluation on April 15, 2015, revealed continued pain as noted. A lidocaine injection was administered into the right shoulder. X-ray studies revealed post-surgical changes osteoarthritis and a residual spur at the undersurface of the acromion. Evaluation on June 6, 2015, revealed continued pain rated at an 8 on a 1-10 scale with 10 being

the worst. He noted Tramadol and Naproxen reduced the pain to 3-5 out of 10. He was taking Prilosec as needed for unspecified gastrointestinal problems. He was working with restrictions. Prilosec 20mg, 1 tablet daily, #30 and Naprosyn 550 mg, 1 tablet twice daily, #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550 mg, 1 tablet twice daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), (Naprosyn) Page(s): 66, 70.

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without evidence of significant improvement in pain on current medication regimen. In addition, it was noted that the injured worker is being treated with a proton pump inhibitor for unspecified gastrointestinal problems. With MTUS guidelines not being met, the request for Naprosyn 550 mg, 1 tablet twice daily, #60 is not medically necessary.

Prilosec 20mg, 1 tablet daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI) Page(s): 102.

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. The injured worker is reported to have experienced some gastrointestinal problems with the use of medications, but there is lack of detailed description provided. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec 20mg, 1 tablet daily, #30 is not medically necessary per MTUS guidelines.

