MAXIMUS Federal Services

Case Number:	CM15-0127196		
Date Assigned:	08/03/2015	Date of Injury:	04/03/2014
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management

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 66 year old male, who sustained an industrial injury on 04-03-2014. He has reported subsequent neck, back, bilateral shoulder, bilateral wrist and lower extremity pain and was diagnosed with discogenic cervical and lumbar condition with facet inflammation, lumbar radiculopathy, bilateral shoulder impingement and rotator cuff strain and bicipital tendinitis, wrist joint inflammation and right knee internal derangement. Treatment to date has included medication, chiropractic treatment, application of heat and ice and physical therapy. Naproxen and Omeprazole were started on 04-15-2015. In a progress note dated 06-08-2015, the injured worker reported continued pain in the shoulder, neck and knee that was rated as 7-8 out of 10. Medications were noted to be helpful with pain control and increase activities of daily living but were noted to be making the injured worker dizzy for short periods of time. Objective findings were notable for mild tenderness of the lumbar spine and acromioclavicular joint of the right shoulder and mildly decreased sensation and weakness of the right hand. Work status was temporarily totally disabled. A request for authorization of Naproxen Sodium 550 mg #60 and Omeprazole 20 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors, NSAID, gastrointestinal events, (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, while the patient is at risk for gastrointestinal events with NSAID use, the NSAID is not medically necessary and no other indication for this medication has been presented. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.