

Case Number:	CM15-0170465		
Date Assigned:	09/14/2015	Date of Injury:	09/04/2012
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on September 4, 2012. She reported right hand, right arm, right wrist, right shoulder and back pain. The injured worker was diagnosed as having status post right shoulder surgery on September 2013, status post right wrist carpal tunnel release and right wrist flexor tenosynovectomy, carpal tunnel syndrome, shoulder impingement, cervical radiculopathy, rotator cuff tear, rotator cuff syndrome, myofascial pain, poor coping and gastritis. Treatment to date has included diagnostic studies, electrodiagnostic studies on May 11, 2015, suggested cervical radiculopathy on the right and carpal tunnel syndrome bilaterally, more on the left than the right, surgical intervention of the right shoulder and right wrist, TENS unit, home exercises, trigger point injections, cognitive behavioral therapy (CBT), hand splints, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain, neck pain, gastric issues secondary to medications, left hand tingling and poor mood. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated surgically without complete resolution of the pain. Evaluation on June 10, 2015, revealed tingling in the left hand and continued neck pain. She rated her pain at 6 on a 1-10 scale with 10 being the worst. It was noted neck and shoulder ranges of motion were decreased. Forward flexion was noted at 100 and abduction at 70. Tinel's test was positive. It was noted she had a weak grip. Naproxen, Omeprazole, Lunesta SP 2mg, TENS patches and Lidopro cream were continued. The physician recommended continuing CBT and starting physical therapy for the right shoulder. Evaluation on June 22, 2015, revealed continued pain as noted. The physical exam revealed no significant changes since the previous noted visit. Range of motion was unchanged since the previous visit.

She rated her pain at 10 on a 1-10 scale with 10 being the worst. It was noted as severe. It was noted the gastric issues were controlled by Omeprazole. The RFA included requests for Retro Naproxen 550 mg #60 with a dos of 6/22/2015 and Retro Omeprazole 20 mg #60 with a dos of 6/22/2015 and was non-certified on the utilization review (UR) on July 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20 mg #60 with a dos of 6/22/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The use of Naproxen as noted below was not necessary. Therefore, the use of Omeprazole on 6/22/15 was not medically necessary.

Retro Naproxen 550 mg #60 with a dos of 6/22/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months without significant improvement in pain scores or function. The medications were causing GI side effects. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The use of Naproxen on 6/22/15 was not medically necessary.