

<b>Case Number:</b>	CM15-0076313		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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:

This 58 year old man sustained an industrial injury on 3/7/2014. The mechanism of injury is not detailed. Evaluations include an undated shoulder MRI. Diagnoses include shoulder pain and neck pain. Treatment has included oral medications physical therapy, and rest. Physician notes dated 3/26/2015 show complaints of bilateral shoulder pain. Recommendations include continue the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Naproxen 550mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request naproxen 550 mg # 60 (date of service March 26, 2015) is not medically necessary. Non-steroidal 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. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are fall injury upper back and shoulders; shoulder pain; and neck pain. The date of injury is March 7, 2014. A provider first report dated March 11, 2014 shows the injured worker was started on Tramadol/acetaminophen and Relafen generic. Subsequent progress note documentation does not contain an ongoing current list of medications. The March 26, 2015 progress note does not contain a list of current medications or clinical rationale for the change to Naproxen 550mg. It is unclear when Relafen was changed to naproxen 550 mg. Subsequent progress notes do not list ongoing current medications with clinical indications. Consequently, absent clinical documentation setting out a current list of medications with a clinical rationale for that medication, retrospective request naproxen 550 mg #60 (date of service March 26, 2015) is not medically necessary.

**Retrospective request for Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request Omeprazole 20 mg #60 (date of service March 26, 2015) is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks 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 non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are fall injury upper back and shoulders; shoulder pain; and neck pain. The date of injury is March 7, 2014. A provider first report dated March 11, 2014 shows the injured worker was started on Tramadol/acetaminophen and Relafen generic. Subsequent progress note documentation does not contain an ongoing current list of medications. The March 26, 2015 progress note does not contain a list of current medications or clinical rationale for Omeprazole 20 mg. There is no clinical indication or rationale for a proton pump inhibitor. There is no documentation with a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Subsequent progress notes do not list ongoing current medications with clinical indications. Consequently, absent clinical documentation setting out a current list of

medications with a clinical rationale for that medication, retrospective request Omeprazole 20 mg #60 (date of service March 26, 2015) is not medically necessary.