

Case Number:	CM15-0077471		
Date Assigned:	04/28/2015	Date of Injury:	12/01/2012
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Emergency 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 51-year-old female, who sustained an industrial injury on 12/1/12. She reported a sharp pain in low back, right arm and right shoulder. The injured worker was diagnosed as having cervical disc disease, bilateral shoulder impingement and lumbar disc disease. Treatment to date has included TENS unit, cervical epidural injection, lumbar epidural steroid injections, oral analgesics, Prilosec for medication induced gastritis and physical therapy. Currently, the injured worker complains of bilateral shoulder, right wrist and neck pain. The injured worker states the cervical epidural injection resulted in 50% decrease in neck pain along with radicular symptoms in both upper arms with improved mobility of neck. Physical exam noted tenderness to palpation in posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region with multiple trigger points throughout and tenderness to palpation bilaterally with increased muscle rigidity over posterior lumbar musculature with numerous trigger points. The treatment plan included a request for Ultracet, Anaprox and Prilosec and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro anaprox DS 550 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Retro anaprox DS 550 mg, sixty count, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has bilateral shoulder, right wrist and neck pain. The treating physician has documented tenderness to palpation in posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region with multiple trigger points throughout and tenderness to palpation bilaterally with increased muscle rigidity over posterior lumbar musculature with numerous trigger points. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retro anaprox DS 550 mg, sixty count, is not medically necessary.

Retro prilosec 20 mg, sixty count: Upheld

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

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

Decision rationale: The requested Retro prilosec 20 mg, sixty count, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has bilateral shoulder, right wrist and neck pain. The treating physician has documented tenderness to palpation in posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region with multiple trigger points throughout and tenderness to palpation bilaterally with increased muscle rigidity over posterior lumbar musculature with numerous trigger points. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Retro prilosec 20 mg, sixty count, is not medically necessary.

