

<b>Case Number:</b>	CM15-0094504		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/02/2008
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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:

This is a 50 year old male with a September 2, 2008 date of injury. A progress note dated April 16, 2015 documents subjective findings (bilateral shoulder pain; difficulty with: lifting/pushing/pulling; difficulty with motion and pain with overhead/repetitive/weighted activity), objective findings (subacromial impingement of the left shoulder), and current diagnoses (shoulder strain; rotator cuff tendonitis/bursitis; right and left adhesive capsulitis). Treatments to date have included magnetic resonance imaging of the left shoulder (March 13, 2015; showed typical age-related findings devoid of any acute pathology, and partial thickness rotator cuff tear), medications, and injections. A report dated April 28, 2015 indicates that the current medications provide minimal improvement. A progress report dated April 8, 2015 indicates that the patient has severe shoulder pain and takes naproxen and Norco. The treating physician documented a plan of care that included Norco, Anaprox, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 mg #60 with 2 refills per 4/16/15 order: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

**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. One prescription may be indicated, however there is no indication to provide multiple refills in a patient with no specific documentation of analgesic efficacy and/or objective improvement. Unfortunately, there is no provision to modify the current request. As such, the currently requested Naproxen is not medically necessary.

**Omeprazole 20 mg with 2 refills per 4/16/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**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, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.