

Case Number:	CM15-0099647		
Date Assigned:	06/02/2015	Date of Injury:	01/29/2003
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 57 year old female who sustained an industrial injury on 01/29/2003. Mechanism of injury was not documented. Diagnoses include cervical degenerative disc disease, tendinitis of the shoulder, myofascial pain, tenosynovitis of the shoulder, carpal tunnel syndrome and bilateral Thoracic Outlet Syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, Transcutaneous Electrical Nerve Stimulation unit, and home exercise program. A physician progress note dated 05/07/2015 documents the injured worker complains of pain in the neck, both shoulders, left greater than right, with neuropathic pain. Previously she was able to control her neuropathic pain with Lidoderm patch 5%. She continues to follow with a psychiatrist. Medications help with pain and enable patient to remain functional with no side effects. She has very limited range of motion in the shoulder, especially the left shoulder-abduction 30 degrees and flexion 50 degrees. The treatment plan is to continue Naproxen, and Omeprazole and use of Transcutaneous Electrical Nerve Stimulation unit and a trial of Gabapentin 100mg at bedtime for one week than 1 twice a day. Continue with self-care, and home exercise program. Treatment requested is for Naproxen 550mg quantity 120 and Omeprazole 20mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

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

Decision rationale: The requested Naproxen 550mg quantity 120, 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 pain in the neck, both shoulders, left greater than right, with neuropathic pain. Previously she was able to control her neuropathic pain with Lidoderm patch 5%. She continues to follow with a psychiatrist. Medications help with pain and enable patient to remain functional with no side effects. She has very limited range of motion in the shoulder, especially the left shoulder- abduction 30 degrees and flexion 50 degrees. 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, Naproxen 550mg quantity 120 is not medically necessary.

Omeprazole 20mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

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

Decision rationale: The requested Omeprazole 20mg quantity 120, 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 pain in the neck, both shoulders, left greater than right, with neuropathic pain. Previously she was able to control her neuropathic pain with Lidoderm patch 5%. She continues to follow with a psychiatrist. Medications help with pain and enable patient to remain functional with no side effects. She has very limited range of motion in the shoulder, especially the left shoulder-abduction 30 degrees and flexion 50 degrees. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg quantity 120 is not medically necessary.