
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/5/2013

3/17/2011

7/22/2013

CM13-0002445

- 1) MAXIMUS Federal Services, Inc. has determined the request for omeprazole 20mg tablet #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for tramadol 50mg tablet #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for naproxen sodium 550mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for omeprazole 20mg tablet #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for tramadol 50mg tablet #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for naproxen sodium 550mg #60 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

The patient is a 53-year-old, right-hand-dominant, female packer who sustained a hyperextension injury to her left wrist on 03/17/11 when she reached and grabbed totes that fell. The current diagnoses are left wrist extensor tendinitis; left elbow lateral epicondylitis; left shoulder impingement syndrome; and small partial-thickness tear of the left distal supraspinatus tendon without retraction. History is significant for a prior left hand injury on 07/03/06 (moving boxes) and congestive heart failure since 05/2010. A request was made for 60 tablets of naproxen sodium 550mg, 60 tablets of omeprazole 20mg, and 60 tablets of tramadol 50mg. Prior treatment is comprised of medications, work restrictions, brace, splint, heat application, massage, HEP, PT, and injections. She initially presented with left wrist pain and subsequently had left elbow, left shoulder, and neck complaints. She attended six PT visits from 03/23/11 to 04/05/11. The EMG/NCV study of the left upper extremity on 04/25/11 was normal. Plain films of the left shoulder on 10/24/12 were nondiagnostic. A left shoulder MRI on 10/24/12 revealed mild focal arthritic or degenerative changes of the left acromioclavicular joint; small partial thickness tendon tear of the distal left supraspinatus tendon without evidence of tendon retraction; and focal subcentimeter reactive or degenerative cyst of the undersurface of the lateral left humeral head without acute bone MR deformity. A urine drug specimen was submitted on 01/16/13 for drug testing. On 04/11/13, she had left shoulder pain graded 8/10 on VAS. Exam of the left shoulder then showed crepitus over the left acromioclavicular joint, and positive orthopedic maneuvers (Dugas and Apley's tests). Refill prescriptions were provided for 60 tablets of Naprosyn 550mg to be taken twice daily, 30 tablets of omeprazole 20mg to be taken once daily, and 90 tablets of tramadol 50mg to be taken thrice daily on an as needed basis with one refill. She presented on 06/06/13 with left shoulder pain graded 5/10 on VAS. Left shoulder ROM was noted at 25 degrees flexion, 20 degrees extension, 35 degrees abduction, 50 degrees internal rotation, and 45 degrees external rotation. Treatment plan included subacromial steroid injection to the left shoulder, 60 tablets of naproxen 550mg, 60 tablets of tramadol 50mg, 60 tablets of omeprazole 20mg, and work restrictions.

Regarding the request for naproxen and tramadol, there is no detailed evaluation in the 06/06/13 report of the analgesic and functional responses to prior use of these medications. In addition, there is no recent gastrointestinal and cardiovascular risk assessment of this IW with congestive heart failure submitted in the review to support the continuation of naproxen.

Regarding the request for omeprazole, the CA Medical Treatment Utilization Schedule (MTUS) support its use for patients with risk factors for gastrointestinal events; however, no assessment of these risk factors is seen in the current notes. The request for omeprazole is not supported.

Based on the aforementioned points, the medical necessity of this request cannot be validated at this time.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- **Medical records requested were not timely submitted for this review**
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for omeprazole 20mg tablet #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), NSAIDs, GI Symptoms & Cardiovascular Risk, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), (current version), Pain Chapter, Proton Pump Inhibitors (PPIs), a medical treatment guidelines, not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), NSAIDs, GI Symptoms & Cardiovascular Risk, page 69, part of MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the left wrist on 3/17/11. The submitted and reviewed medical records indicate diagnoses include: left wrist extensor tendinitis, left elbow lateral epicondylitis, left shoulder impingement syndrome and small partial-thickness tear of the left distal supraspinatus tendon without retraction. The records indicate prior treatment has included medications, work restrictions, brace, splint, heat application, massage, physical therapy, home exercise program, and injections. A request has been submitted for omeprazole 20mg tablet #60.

MTUS Chronic Pain guidelines note that treatment of dyspepsia secondary to NSAID therapy includes stopping the NSAID, switching to a different NSAID, or considering H2-receptor antagonists or a proton pump inhibitor. The submitted medical records do not provide clear evidence that omeprazole is indicated. No clinical progress notes were submitted for review. The request for omeprazole 20mg tablet #60 **is not medically necessary and appropriate.**

2) Regarding the request for tramadol 50mg tablet #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids, Specific drug list, Tramadol, (no page cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider

did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Opioids, Specific drug list, Tramadol, page 94, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury to the left wrist on 3/17/11. The submitted and reviewed medical records indicate diagnoses include: left wrist extensor tendinitis, left elbow lateral epicondylitis, left shoulder impingement syndrome and small partial-thickness tear of the left distal supraspinatus tendon without retraction. The records indicate prior treatment has included medications, work restrictions, brace, splint, heat application, massage, physical therapy, home exercise program, and injections. A request has been submitted for tramadol 50mg tablet #60.

MTUS Chronic Pain guidelines note that tramadol is indicated for moderate to severe pain. Per the guidelines, opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. The medical records submitted do not indicate the employee has returned to work, and there is no evidence of improved function and/or reduced pain through prior usage of tramadol. The request for tramadol 50mg tablet #60 **is not medically necessary and appropriate.**

3) Regarding the request for naproxen sodium 550mg #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Naproxen, (no page cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Anti-inflammatory medication, pg. 22, part of the MTUS and MTUS section 9792.20(f), Functional improvement, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a hyperextension injury to the left wrist on 3/17/11. The employee's diagnoses include left wrist extensor tendinitis, left elbow lateral epicondylitis, left shoulder impingement syndrome and small partial-thickness tear of the left distal supraspinatus tendon without retraction. Prior treatment has included medications, work restrictions, brace, splint, heat application, massage, physical therapy, home exercise program, and injections. A request has been submitted for naproxen sodium 550mg #60.

MTUS Chronic Pain guidelines note 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. In this case, no clinical progress notes were submitted for review, there was no documentation of the employee's response to naproxen sodium, or evidence of functional improvement through prior usage of this medication. The request for naproxen sodium 550mg #60 **is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.