

Case Number:	CM13-0041482		
Date Assigned:	12/20/2013	Date of Injury:	03/09/2006
Decision Date:	07/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who sustained a work related injury in March of 2006 with an unknown mechanism of injury. Since then she has complained of pain in her left shoulder and bilateral forearms, wrists and hands that is exacerbated by gripping, grasping, lifting, carrying, pushing and pulling. On examination, there is tenderness along the flexor and extensor regions of her forearms and wrists. She has been diagnosed with bilateral epicondylitis, cubital tunnel and carpal tunnel syndromes. Additionally, she has expressed that she is experiencing a burning sensation and increased gastrointestinal upset with use of medications, in particularly over the counter Advil. In dispute is a decision for Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: Proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. Omeprazole provides a statistically significantly greater acid control than lansoprazole. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs (NSAIDs). As it has now become common practice to utilize a PPI in conjunction with an NSAID to preclude development of or treatment for the development of NSAID induced gastritis, the request is medically necessary.