

Case Number:	CM13-0052636		
Date Assigned:	12/30/2013	Date of Injury:	02/06/1998
Decision Date:	05/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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:

The injured worker is a 58-year-old female who reported an injury on 02/06/1998. The mechanism of injury was not provided in the medical records. The injured worker's course of treatment to date is unclear; however, the most recent clinical note dated 01/07/2014 indicated that she had diagnoses of medial epicondylitis of the right elbow, left tennis elbow, and carpal tunnel syndrome. At that time, it was noted that the injured worker utilized a brace for the lateral epicondylitis, received an injection of Celestone and lidocaine to the left elbow, and was being maintained on Norco 10/300mg, Vicodin, and Naproxen 500mg. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of proton pump inhibitors for patients who have high risk factors for adverse gastrointestinal events.

These risk factors include being over the age of 65, prior history of GI events, and concurrent use of medications such as aspirin, corticosteroids, anticoagulants, or high dose and multiple NSAIDs. According to the medical records submitted for review, the patient utilizes Norco 5/300 mg, Vicodin (dose unspecified), and naproxen 500 mg. As the patient is under age 65, has no documented evidence of prior gastrointestinal events or risk factors, and is only utilizing a moderate amount of concurrent NSAIDs, there is no indication for the need of a proton pump inhibitor. Other than 1 statement on a 12/05/2013 clinical note that reported the patient complains of heartburn, there was no other discussion regarding GI side effects related to medication use. As such, medical necessity has not been established, and the request for Omeprazole 20 mg #30 is non-certified.