

<b>Case Number:</b>	CM13-0056558		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/17/2002
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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 patient is a 53 year old male who was injured on 05/17/2002 while he was cutting some lumber when the blade of the cutter injured his left hand at the dorsum of the thumb. Prior treatment history has included a refill of Capsaicin cream 0.1% apply 4-5 times daily for neuropathic component of pain and anesthesia in the left hand, 60 g tube, Lyrica 100 mg h.s. for neuropathic burning pain, 30 tablets and Vimovo 500/20 mg tabs twice daily for inflammation, 60. Diagnostic studies reviewed include electromyography performed 06/16/2009 revealed nerve conduction velocity study was essentially normal. X-rays of left thumb, 3 views performed 02/26/2008 revealed an Acutrak screw through the thumb metacarpophalangeal joint with evidence of solid fusion. There was no evidence of nonunion or loosening of the screw. Interphalangeal joint was intact. X-ray of left hand, 3 views performed 09/13/2007 revealed prior surgery with the 3.5 cm screw which transverses the distal and proximal phalanx ending in the distal first metacarpal of the thumb and three surgical clips. The clinic note dated 11/05/2013 documented the patient to have complaints of constant throbbing pain in his left wrist, inability to grip or grasp or perform pinching maneuvers. He reported ongoing hypersensitivity in the thumb, wrist, and hand area with burning component of pain. The objective findings on exam revealed left hand flexion contracture of the thumb. Passive range of motion of the thumb was very painful at the thumb base near the CMC joint. There was disuse atrophy involving the interosseous muscles of the hand and thenar eminences by comparison to the right counterpart. His grip strength was very diminished, and he was unable to fully flex or extend the digits of the left hand. There were ongoing signs of allodynia to light touch and summation to pinprick over the volar aspect of the forearm, hand, and wrist versus the right counterpart. The left upper extremity was very cold to touch by comparison to the right, which was much warmer. There were signs of hair loss over the dorsum of the forearm by comparison to the right as well. Tinel's

sign appeared to be negative at the ulnar groove as well as the hand. Finkelstein maneuver was very painful for him at the left wrist. Deep tendon reflexes remain +1 at the biceps, triceps, and brachioradialis. The current review is for prospective request for 1 prescription of Omeprazole 20mg #30.

### **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 NSAIDs, GI symptoms & Cardiovascular Risk Section Page(s): 68-69. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 16: NSAIDs and COX-2 Selective Inhibitors, pages 141-158

**Decision rationale:** As per California MTUS chronic pain medical treatment guidelines, Omeprazole is a proton pump inhibitor recommended for patient at intermediate risk for gastrointestinal events and no cardiovascular disease." This patient is having chronic pain in his left wrist and hand and is taking NSAIDs (naproxen 500 mg), but there is no documentation that the patient reported any GI upsets. There is no evidence of GI risk factors in this case. Therefore, the medical necessity has not been established and the request for 1 prescription of Omeprazole 20mg #30 is non-certified.