

Case Number:	CM13-0064054		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2013
Decision Date:	05/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice, has a subspecialty in Preventative 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 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 59 year old claimant sustained a work injury on 4/26/13 resulting in a right wrist injury. She had a diagnosis of carpal tunnel syndrome and underwent steroid injections. She had also received electrical stimulation, ultrasound therapy and therapeutic exercises. An exam note on 9/30/13 indicated a positive Phalen's test with spasms, tenderness and reduced strength of the right wrist. She had been prescribed Flexeril, Ultram, Butalbital and Omeprazole . She had also used topical NSAID creams that included Capsacin and Gabapentin in the past. The Omeprazole had been continued for several months along with the oral analgesics and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg po Q day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with Non-Steroidal Anti-Inflammatory Drugs (NSAID) for those with high risk

of Gastrointestinal (GI) events such as bleeding, perforation, and concurrent anticoagulation/antiplatelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant had been using topical NSAIDs not oral. The exam notes and clinical findings do not correlate to the need for a proton pump inhibitor. Therefore, the continued use of Omeprazole is not medically necessary.