

Case Number:	CM13-0068717		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2010
Decision Date:	04/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient reported an injury on 08/06/2010. The mechanism of injury was cumulative trauma. There was lack of documentation submitted to address the MRI and the Prilosec which were requested service. There was no DWC Form RFA, nor PR-2 submitted with the requested services. The documentation of 2012 indicated the patient had MRIs and was taking Prilosec. The patient's diagnoses were noted to include lateral epicondylitis. The request was made for Prilosec and an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR PRILOSEC (OMEPRAZOLE) 20MG, BY MOUTH DAILY, #30:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 68-69, NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. There was no clinical documentation to support the request. The duration the medication had been used was greater than 1 year. Given the above, the request for Prilosec (Omeprazole) 20 mg by mouth daily #30 is not medically necessary.

THE REQUEST FOR MRI LEFT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM Guidelines indicate for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks' period of conservative care and observation. The clinical documentation submitted for review indicated in 2012 the patient had an MRI; however, the body part was not specified. There was no DWC Form RFA or PR-2 with the requested service to support the necessity. Given the above, the request for MRI left wrist is not medically necessary.