

Case Number:	CM14-0003902		
Date Assigned:	01/31/2014	Date of Injury:	06/17/2011
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

This is a 36-year-old male with a 6/17/11 date of injury to his left forearm while shoveling. He is status post left common extensor release 6/21/13 with post-op physical therapy. Progress note from 11/13/13 states the patient's left elbow and arm pain have improved with physical therapy. Exam findings reveal tenderness to the left elbow with positive Tinel's over the medial elbow. The patient is noted to be on ketoprofen, an NSAID, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES NSAIDS THERAPY Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. This is a 36 year old male with a diagnosis of lateral epicondylitis who is noted to be on chronic NSAIDS and is documented to have been on

ketoprofen as of 11/13/13, for an injury that dates to 2011. MTUS supports the use of PPI's such as Omeprazole in patients using chronic NSAIDs. Therefore, the request for omeprazole DR 20mg #30 is medically necessary.