

Case Number:	CM14-0005277		
Date Assigned:	01/24/2014	Date of Injury:	11/17/2010
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 40 year old male who sustained an injury on 11/17/10. No specific mechanism of injury was noted. The patient was diagnosed with multiple conditions including cubital tunnel and carpal tunnel syndrome, right Dequervain disease, lateral epicondylitis and tenosynovitis in the right thumb. The patient underwent prior right carpal tunnel release and release of A1 pulley at the thumb and first dorsal compartment in 02/12. The record indicates the injured was followed for ongoing symptoms in the right wrist thumb and elbow and was being prescribed Norco 10/325mg every four hours for pain and Prilosec 20mg as a gastrointestinal (GI) prophylaxis medication. The most recent evaluation on 12/13/13 noted stable conditions in the right upper extremity with pain at the right wrist on range of motion and associated weakness. On physical examination there continued to be tenderness to palpation on Finklestein Testing. There was a cystic mass in the distal volar radial aspect of the right wrist. Steroid injection to the right second dorsal compartment was administered at this evaluation. Medications were continued at this visit including omeprazole and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The patient was being prescribed Prilosec as a GI prophylactic medication. The other medication being prescribed to this patient through 12/13 was hydrocodone. The clinical records did not specifically identify any gastrointestinal side effects that resulted from hydrocodone. There was also no clinical evidence in the clinical documentation establishing diagnosis of gastroesophageal reflux disease which was an indication for the use of proton pump inhibitor. Given the absence of any clear indications of GI side effects from medication use or evidence consistent with gastroesophageal reflux disease, the use of Prilosec is not supported as medically necessary for this patient.