

Case Number:	CM14-0102531		
Date Assigned:	07/30/2014	Date of Injury:	01/27/2014
Decision Date:	09/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 29 year old male with complaint of right hand injury/pain. Date of injury is 1/21/14 and mechanism of injury is cut finger in industrial machine leading to surgery the same day. At the time of request for omeprazole 20mg #60, there is subjective (hand/finger pain) and objective (laceration to index finger, amputation right distal middle finger), diagnoses (fracture middle phalanx right second finger, amputation right distal middle finger), and treatment to date (medications,surgery, hand therapy). As the patient is on Naproxen 550mg, however, there is documentation specifically of no "GI side effects" from the medications. Therefore, this medication is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole, 20 mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAIDs> Page(s): 68of127.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor may be added to chronic nsaid pharmacotherapy if there is associated gastrointestinal

symptoms. As the patient is on Naproxen 550 mg, however, there is documentation specifically of no "GI side effects" from the medications. Therefore, this request is not medically necessary.