

Case Number:	CM14-0107091		
Date Assigned:	08/01/2014	Date of Injury:	04/30/2009
Decision Date:	09/18/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal 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 injured worker is a 71-year-old woman with right hand chronic pain with a reported date of injury on 4/30/09. She was prescribed omeprazole 20 milligrams # 30. On examination tenderness and weakness is noted; but details of location, character, progression and onset are not mentioned. The 3/17/2014 notation documents dispensation of naproxen to the patient, # 60. However, she does not have any dispensation of refills. She also has no documentation of naproxen therapy as of 6/9/2014. The date of injury occurred year 2009 and involved crush injury to the right second through 4th digits of the right hand. The current request is for omeprazole 20 milligrams, 60 quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID GI symptoms and cardiovascular risks.

Decision rationale: Ordinarily, patients over the age of 65 years and concurrent naproxen or NSAID therapy would justify treatment with omeprazole but it is not clear from the record

whether the injured worker is on chronic naproxen therapy. There is no mention of gastrointestinal (GI) complaints and no evidence that there is a history of previous GI bleeding. Therefore, medical necessity has not been established.