

Case Number:	CM14-0018630		
Date Assigned:	04/18/2014	Date of Injury:	12/30/2001
Decision Date:	07/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 Utah. 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 is a 64 year-old female. The patient's date of injury is 12/30/2001. The mechanism of injury is unclear according to the clinical documents. The patient has been diagnosed with bilateral elbow pain, carpal tunnel and cubital tunnel. The patient's treatments have included medications. The physical exam findings show tenderness at the lateral epicondyle and pain with terminal motion. A positive Tinel's and Phalen's sign is noted. There is a positive right trigger thumb and pain with terminal flexion noted. There is lack of general documentation in the provider's notes regarding the reason for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG- Online Version, Pain Chapter Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: California MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Prilosec. According to the clinic

documents, the patient at this time does not meet criteria for indication of a Proton Pump Inhibitor. The clinical documents show that they are not at risk for a gastrointestinal event. Following the guidelines as listed above, there is no evidence of prophylactic use of Prilosec. At this time, the request is not deemed as a medical necessity.