

Case Number:	CM14-0127259		
Date Assigned:	09/23/2014	Date of Injury:	04/05/2013
Decision Date:	12/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 New Jersey and New York. 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 58 year-old male who was injured on 4/5/13 when his thumb was caught between two tables. He recently reported pain in the left thumb, forearm, and shoulder. On a recent exam, he was found to have a swollen left thumb with a slightly disrupted nail bed. He was able to pinch but no forced grip. He was diagnosed with a fractured phalanx which was splinted, but continued with pain after it had healed. He had a history of left de Quervain's tenosynovitis which was injected on 1/14/14. X-rays showed arthritis of the thumb and fingers. His treatment also included ibuprofen, thumb spica splint, and physical therapy. The current request is for prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec OTC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 71-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, & cardiovascular risk Page(s): 68.

Decision rationale: The request for prilosec is not medically necessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a

need for a PPI. As per the California Medical Treatment Utilization Schedule (MTUS) guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications", all of which did not apply to the patient. The patient was on ibuprofen but without any documented adverse effects requiring Prilosec. It is unclear how often the patient was taking the ibuprofen. PPI's carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for prilosec is not medically necessary.