

Case Number:	CM14-0132497		
Date Assigned:	09/19/2014	Date of Injury:	07/15/2010
Decision Date:	11/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational 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:

According to the records made available for review, this is a 63-year-old male with a 7/15/10 date of injury, and status post carpal tunnel release. At the time (8/14/14) of request for authorization for Prilosec 40mg with 3 refills QTY 30.00, there is documentation of subjective (pain rated 4/10) and objective (wrist range of motion decreased bilaterally by approximately 25% in all planes, grip left 4/5, finger strength left 3/5 and right 4/5; knee tenderness in the anterior joint line and the medial and collateral ligaments, positive pivot shift) findings, current diagnoses (carpal tunnel syndrome, osteoarthritis hand, radial tenosynovitis, and depression), and treatment to date (H-wave, bracing, and medications (including ibuprofen 800 mg oral 1 tab BID)). 7/21/14 medical report identifies that the patient has a history of gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg with 3 refills QTY 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, osteoarthritis hand, radial tenosynovitis, and depression. In addition, there is documentation of a history of gastritis and concurrent use of NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 40mg with 3 refills QTY 30.00 is medically necessary.