

Case Number:	CM14-0132657		
Date Assigned:	08/22/2014	Date of Injury:	11/12/2013
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
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 Osteopathic Family Practice 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 patient is a 36 year old male forklift operator who sustained an industrial injury on 11/12/13. He is diagnosed with hand injury, pain in wrist joint, hand joint pain, depression, left 1st Metacarpal-Phalangeal (MCP) joint arthritis and sleep issues. Utilization review dated 8/11/14 denied the request for Omeprazole 20 mg po b.i.d. #60. The prior peer reviewer referred to the 7/22/14 exam at which time the patient complained of left hand pain rated 6/10. Examination revealed tenderness to palpation on left dorsum hand and reduced grip strength. Omeprazole was requested. Meds included Naproxen. The prior peer reviewer noted that 7/22/14 exam noted naproxen 550 mg was mildly helpful but started causing stomach upset. The prior peer reviewer noted it is unclear if the patient is currently utilizing naproxen. The prior peer reviewer also noted that there is a lack of documentation related to a history of peptic ulcer, GI bleeding or perforation or high dose/multiple NSAID use. Most recent examination is dated 8/4/14 at which time the patient complained of left hand pain rated 6/10. Omeprazole 20 mg is helpful for managing stomach upset. The patient is noted to have sufficient topical cream and Naproxen 550 mg 1 p.o. bid. Medications are taken on an as needed basis. He is pending authorization of psychologist evaluation and follow up, hand therapy x 6, and hand specialist evaluation due to chronic weakness hand grip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The medical records indicate that the patient is currently using NSAIDs on an as needed basis. The patient has pointed out stomach upset with NSAID use which is helped with omeprazole. As such, the request for Omeprazole would be medically necessary to address gastrointestinal upset associated with the use of naproxen.