

Case Number:	CM14-0150675		
Date Assigned:	09/18/2014	Date of Injury:	07/30/2012
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 63-year-old male who has submitted a claim for myofascial pain syndrome, left hand tenderness, and status post left trigger release associated with an industrial injury date of 7/13/2012. The medical records from 2014 were reviewed. The patient complained of pain at the left long, ring, and little fingers. Aggravating factors included pulling and pushing activities. Pain was described as an electrical sensation from the palm to the fingers. A physical examination showed a scar at the left palm. There was no thickening of the scar. Tinel's sign was negative. There was no triggering. Range of motion was normal. Carpal compression test was negative. A progress report from 2/7/2014 stated that patient had reflux symptoms. Abdominal examination was unremarkable. Treatment to date has included left ring trigger release, steroid injection, physical therapy, and medications such as naproxen, Omeprazole, Flexeril, Neurontin, Terocin patch, and topical creams (since February 2014). Utilization review from 9/4/2014 denied the request for Omeprazole: 20 mg, take 1 tablet qd bid because of no documented increased risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: 20 mg , take 1 tablet qd bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since February 2014. Progress report from 2/7/2014 stated that patient had reflux symptoms. Abdominal examination was unremarkable. However, there is no recent subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate need for continued medication use. Furthermore, patient does not meet any of the aforementioned risk factors. Response to PPI therapy is likewise not documented. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Omeprazole: 20 mg, take 1 tablet qd bid is not medically necessary.