

Case Number:	CM14-0155158		
Date Assigned:	09/25/2014	Date of Injury:	11/23/1963
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 11/23/1963. The mechanism of injury was not provided. The injured worker's diagnoses include carpal tunnel syndrome, osteoarthritis of the hand, and ankle fracture. The injured worker's past treatments included medications and surgery. The injured worker's diagnostic testing was not included. The injured worker's surgical history was not provided. On the clinical note dated 09/18/2014, the injured worker complained of bilateral wrist and thumb pain rated 10/10. The injured worker had numbness and tingling in both hands. The injured worker's medications included omeprazole 20 mg daily, Naprosyn 500 mg twice daily, and Voltaren 1% gel twice daily as needed. The medical records indicated the injured worker cannot tolerate by mouth medications and the Voltaren helps her function. The request was for omeprazole 20 mg #30 with 2 refills. The rationale for the request was not provided. The request for authorization form was submitted on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 with 2 refills.: Upheld

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

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

Decision rationale: The injured worker is diagnosed with carpal tunnel syndrome, osteoarthritis of the hand, and ankle fracture. The injured worker complained of bilateral wrists and thumb pain rated 10/10. California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack documentation of history of peptic ulcer, GI bleeding, or perforation. The injured worker does not have any current gastrointestinal issues documented. Additionally, the request does not indicate the frequency of the medication. As such, the request for omeprazole DR 20 mg #30 with 2 refills is not medically necessary.