

Case Number:	CM14-0157529		
Date Assigned:	09/30/2014	Date of Injury:	04/05/2010
Decision Date:	12/02/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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:

The applicant is a represented [REDACTED] who has filed a claim for hand and finger pain reportedly associated with an industrial injury of April 5, 2010. Thus far, the applicant has been treated with the following: Reported surgical amputation of the left thumb following an industrial crush injury; analgesic medications; adjuvant medications; topical agents; and a TENS unit. In a Utilization Review Report dated September 10, 2014, the claims administrator failed to approve a request for omeprazole. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant reported that his stomach was "better" following introduction of omeprazole. The applicant did have comorbid diabetes. It was stated that the applicant was working full time. The applicant's medications include glipizide, Xanax, Celexa, Methoderm, and Neurontin.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant seemingly has issues with stand-alone dyspepsia, which have seemingly been ameliorated following introduction of omeprazole, the attending provider has posited. Continuing the same, on balance, was therefore indicated. Accordingly, the request was medically necessary.