

Case Number:	CM14-0165234		
Date Assigned:	10/10/2014	Date of Injury:	06/25/2014
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old male with date of injury of 06/25/2014. The listed diagnoses per [REDACTED] from 08/29/2014 are: 1. Tenosynovitis of the wrist or hand. 2. De Quervain's tenosynovitis. 3. Left thumb pressure of the distal phalanx, status post 6-weeks thumb spica short-arm cast. 4. Left thumb pain. 5. Left thumb sprain/strain of the MCP more than the IPJ. 6. Paresthesias of the distal left thumb that are intermittently only. 7. Extensor tendonitis of the left forearm, mild. According to this report, the patient complains of left thumb and left upper extremity pain. The examination shows the patient is ambulatory and pleasant. His gait is non-antalgic. Palpation of the left thumb showed tenderness over the CMCPJ, MCPJ, and IPJ more radial aspects. Range of motion is full. There is good resistive flexion, extension, and abduction of the left thumb. Positive Finkelstein's test with a positive resistive extension of the left wrist. Negative ulnar ligament stress test. It was also noted that the patient does suffer from heartburn and epigastric pain and occasional constipation and diarrhea. The reports include an x-ray of the left thumb on 07/14/2014, an x-ray of the right thumb on 07/31/2014, and an acupuncture therapy report from 09/26/2014. The utilization review denied the request on 09/22/2014.

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. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012May. 12 p. [11 references]

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

Decision rationale: This patient presents with left thumb and left upper extremity pain. The treater is requesting omeprazole 20 mg #60. The MTUS Guidelines pages 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks state that it is recommended with a precaution to determine if patients are at risk for gastrointestinal events: 1. Ages greater than 65; 2. History of peptic ulcer, GI bleeding, or perforation; 3. Concurrent use of ASA or corticosteroid and anticoagulants. 4. High-dose multiple NSAIDs. The patient was prescribed omeprazole on 08/29/2104. The treater notes in this same report that the patient complains of heartburn, epigastric pain, and occasional constipation and diarrhea. In this case, there is documented gastrointestinal events and the treater has prescribed a PPI which appears reasonable. For continued use of this medication, efficacy would need to be documented. The medical necessity for Omeprazole has been established.