

Case Number:	CM14-0168288		
Date Assigned:	10/30/2014	Date of Injury:	10/01/2013
Decision Date:	12/05/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 and Rehabilitation, 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:

This 41 year-old patient sustained an injury on 10/1/13 from having wrist caught between two metal bars while employed by [REDACTED]. Request(s) under consideration include Omeprazole DR 20mg, #30 with 2 refills. Diagnoses include cervical strain, carpal tunnel syndrome, toxic effect of gas/fume or vapor; and respiratory abnormalities. Right wrist MR Arthrogram dated 12/17/13 showed trabecular/bone bruise of distal radius without cortical fracture; sprain of scapholunate ligament without defect or evidence for diastasis; with intact triangular fibrocartilage complex. Previous utilization review on 7/25/14 and 8/28/14 had non-certification for Omeprazole with certification for right carpal tunnel syndrome brace and Naproxen. Hand surgeon consult report of 7/17/14 noted the "exam was quite benign" without evidence of swelling or synovial hypertrophy with normal tendon function and negative MR Arthrogram. Symptoms of numbness and tingling were not reproducible on clinical exam as "complaints are quite different from the clinical findings, especially for this neurological portion and with the examination being quite benign." Report of 9/8/14 from the provider noted the patient with no significant improvement since last visit; there is morning pain with associated numbness and tingling in the right upper extremity. Medications help with pain and inflammation. Medications list Naproxen, Omeprazole, and Tramadol. Work status remained with no use of right wrist with TTD status if not accommodated. The request(s) for Omeprazole DR 20mg, #30 with 2 refills was non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

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.

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

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole DR 20mg #30 with 2 refills is not medically necessary and appropriate.