

Case Number:	CM14-0177804		
Date Assigned:	10/31/2014	Date of Injury:	11/11/2011
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Care and is licensed to practice in Pennsylvania. 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 40-year-old woman with a date of injury of 11/11/2011. A psychiatry QME report dated 01/11/2014 identified the mechanism of injury as a slip and fall while power washing the floor, resulting in a broken right wrist. A psychiatry QME report dated 01/11/2014 identified the mechanism of injury as a slip and fall while power washing the floor, resulting in a broken right wrist. This report and treating physician office visit notes dated 05/14/2014, 07/09/2014, and 09/10/2014 indicated the worker was experiencing right wrist pain, depressed and anxious mood, frustration from decreased function related to on-going pain, decreased sleep, and increased irritability. Documented examinations consistently described decreased right hand weakness, tenderness, and painful joint movement. The submitted and reviewed documentation concluded the worker was suffering from on-going right wrist pain after a broken wrist, very mild carpal tunnel syndrome, adjustment disorder with mixed anxiety and depressed mood, insomnia due to a medical condition, and chronic post-traumatic stress disorder. Treatment recommendations included oral pain medications, psychotherapy treatment with both directive and non-directive cognitive approaches, treatment with medication for the worker's depressive and anxious symptoms, increased activity and home exercise program, consultation with a orthopedic specialist, and a wrist MRI. A Utilization Review decision by [REDACTED] was rendered on 09/30/2014 recommending non-certification for Prilosec (Omeprazole) 20mg 30 x 1 cap bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 30x1 CAP bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 16, 23, 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Feldman M, et al. NSAIDs (including aspirin): Treatment of gastroduodenal toxicity. Topic 14, version 5.0. UpToDate, accessed 12/01/2014

Decision rationale: Omeprazole is a medication in the proton pump inhibitor (PPI) class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated that the worker was experiencing symptoms suspicious for an ulcer while taking a NSAID for pain control. The treatment recommendations included stopping the NSAID immediately and treatment with omeprazole for two months. The documentation did not report any additional symptoms or signs of an ulcer after PPI treatment was completed. There was no discussion supporting additional treatment with this medication. In absence of such evidence, the current request for Prilosec (omeprazole) 20mg 30 x 1 cap bottle is not medically necessary.