

Case Number:	CM14-0036927		
Date Assigned:	07/18/2014	Date of Injury:	07/10/2013
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 American Board of Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 30 year old male was reportedly injured on 7/10/2013. The mechanism of injury was noted as direct blow to the right thumb. The most recent progress note, dated 3/25/2014, indicated that there were ongoing complaints of right thumb pain. The physical examination demonstrated: right hand positive tenderness to palpation at the base of the thumb, mild slowing and decreased strength, and range of motion was normal. Diagnostic imaging studies included Xray right thumb (three views), which revealed within normal limits. Previous treatment included medications and conservative treatment. A request was made for Prilosec 20 milligrams quantity 30 and was not certified in the pre-authorization process on 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 Dispensed 02/26/2014: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal antiinflammatory medications. An unspecified gastrointestinal (GI) disorder has not been documented as a diagnosis for this claimant. Therefore, the use of this medication is deemed not medically necessary.