

Case Number:	CM14-0036946		
Date Assigned:	06/25/2014	Date of Injury:	09/12/2013
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 21-year-old female who reported an injury on 09/12/2013. The mechanism of injury was noted to be a stabbing injury. The injured worker had prior treatments of medication and use of a brace. Her diagnoses were noted to be right carpal tunnel syndrome and status post laceration right thumb. There was a clinical evaluation on 01/13/2014. The Primary Treating Physician's Progress Report notes the injured worker had complaints of constant right wrist/hand pain with numbness and tingling. She rated her pain a 6/10 to 7/10, and stated it was worse with work. She used oral and topical medications, reporting no side effects. The objective findings included right wrist range of motion flexion 60 degrees, extension 55 degrees, radial deviation 15 degrees, and ulnar deviation 25 degrees. Phalen's test was positive on the right. The treatment plan included a request for chiropractic manipulation and physical therapy. The provider's request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 60 Capsules of Omeprazole 20 mg (DOS: 12/16/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton-pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, and a history of peptic ulcers. There is a risk with long term utilization of proton-pump inhibitors which has been shown to increase the risk of hip fracture. The clinical evaluation does not provide the criteria to support use of proton-pump inhibitor within the injured worker's case according to the Guidelines. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for retrospective 60 capsules of Omeprazole 20mg is not medically necessary.