

Case Number:	CM14-0037851		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2013
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational Medicine, and is licensed to practice in 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 26 year old female who had work related injury on 09/19/13. Mechanism of injury, the injured worker was using a high powered hose and developed right thumb discomfort. She was seen initially and was diagnosed as having right thumb pain and tenosynovitis and ganglion cyst. She underwent physical therapy, acupuncture which she felt helped a lot. She was taking naproxen and omeprazole. On the most recent progress note dated 05/23/14 she stated she had good days and bad days. She reported decreased sensation over right thumb getting stuck and improved range of motion. She reported a throbbing, stiffness on her bad days it was 7-8/10. Physical examination wrist right wrist flexion to 60 degrees extension to 60 degrees radial deviation 20 degrees, ulnar deviation 30 degrees, period of right elbow pronation 80 degrees, supination 80 degrees. Right thumb interphalangeal flexion 65 degrees, extension +10, metacarpal phalangeal flexion 65 degrees, extension 0, abduction 80 degrees, adduction about three cm's, opposition 7.5 cm's, no triggering noted. There is tenderness to palpation over the thenar eminence. Pulses in radial pulse was 2+ and symmetrical was. Diagnosis right thumb pain. Right thumb extensor, flexor tendon tenosynovitis. Request was for omeprazole 20mg #60. Prior utilization review on 03/06/14 was non-certified. In review of the clinical documentation submitted for review, there was no prior history of gastroesophageal reflux disease or any gastrointestinal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TopicalsNSAIDs and PPIs Page(s): 143, 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Proton pump inhibitors (PPIs).

Decision rationale: The request for omeprazole 20mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request. It is recommended for patients at risk for gastrointestinal events. There is no history of gastro esophageal reflux disease or any gastrointestinal problems. As such, medical necessity has not been established. Therefore, the request is not medically necessary.