MAXIMUS Federal Services

Case Number:	CM14-0044292		
Date Assigned:	07/02/2014	Date of Injury:	12/22/2009
Decision Date:	09/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 45-year-old male with a 12/22/09 date of injury. The mechanism of injury was not provided in the reports reviewed. According to a 2/20/14 progress note, the patient presented for a post-surgical follow up. He is status post carpal tunnel release surgery performed on 1/15/14. The patient is also status post postoperative infiction. The patient stated that if he is not doing any forceful gripping or grasping he has no pain at all. On physical examination, the incision is healing very nicely now. There are no signs or symptoms of infection. There is a little hypertrophic tissue. He has full opposability between the thumb and each of the other digits and full range of motion to the wrist without pain. Sensation is intact to light touch to all of the fingertips. Diagnostic impression: status post left carpal tunnel release surgery of 1/14/14.Treatment to date: medication management, activity modification, surgery.A UR decision dated 3/20/14 certified the request for Omeprazole. No documentation of NSAID use in supplied medicals, guidelines do not recommend proton pump inhibitors unless on NSAID and at intermediate risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 PO QD #30 x 2 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterOther Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In the reports provided for review, there is no documentation that the patient is currently taking an NSAID. In addition, there is no documentation that the patient currently has any gastrointestinal complaints. Therefore, the request for Omeprazole 20mg #30 x2refills was not medically necessary.