

Case Number:	CM14-0056469		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2002
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine, and is licensed to practice in California. 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 72 year old male with wrist injury and operation (fusion), along with chronic pain of the wrist. Medical records from 6/5/2014 were reviewed. The injured worker is permanent and stationary with chronic disability. His past medical history includes gastroesophageal reflux disease (GERD) and hypertension. The injured workers medication regimen includes omeprazole 20 mg orally daily. In terms of his wrist, mobility is limited and pain improved with splint and physical therapy. On review of systems, patient denies complaints of heart burn. In the records reviewed, there is no information on duration of proton pump inhibitor (PPI) therapy, reason for initiation, how the diagnosis of GERD was made and whether a trial of discontinuation after an initial eight weeks of treatment was undertaken. Typically, a trial off of PPI is recommended to ensure that not everyone with heart burn or other symptoms suggestive of GERD are subjected to chronic maintenance therapy with PPI. The medical documentation provided does not suggest a high risk of gastrointestinal (GI) problems with aspirin, the only non-steroidal anti-inflammatory medications (NSAID) that the patient is on systemically. There is no history of ulcer, H pylori infection or GI bleeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg capsule #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Gastroenterology - Philip O. Katz, Lauren B. Gerson and Marcelo F. Vela. Am J Gastroenterol 2013; 108:308-328. Section on Management, Bullet Point 9.

Decision rationale: On review of systems, on 6/5/2014, the provider documented "no heartburn". Although certain patients with gastroesophageal reflux disease (GERD) require chronic maintenance therapy with proton pump inhibitors, a trial of therapy is recommended (see guideline) because of the potential adverse effects of chronic PPI treatment including risk of community acquired pneumonia in early stages of therapy, Clostridium difficile infection and possible osteoporosis. If symptoms recur with cessation of PPI trial, chronic maintenance therapy may be appropriate. In the documentation provided, it is not noted whether the patient ever had a trial off PPI and whether symptoms recurred so that he required a chronic maintenance dose of PPI. Further, the injured worker does not have a history of GI bleeding or peptic ulceration or other high risk factors such as high dose NSAID use that might mandate ongoing use of PPI. Therefore, the request for PPI is not medically justified and is not medically necessary.