

Case Number:	CM14-0069606		
Date Assigned:	07/14/2014	Date of Injury:	08/31/2012
Decision Date:	10/02/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

According to the records made available for review, this is a 60-year-old female with an 8/31/12 date of injury. At the time (4/24/14) of request for authorization for Omeprazole 20 mg 1 tab OD #30 x 2 refills and Naproxen 550 mg 1 tab bid #60 x 2 refills, there is documentation of subjective (constant achy pain over right hand of 7/10) and objective (palmar flexion of 20/60, dorsiflexion of 10/60, radial deviation of 10/20, ulnar deviation of 15/30 degrees, and full opposability between thumb and all other digits with discomfort) findings, current diagnoses (Right Wrist Arthrofibrosis, Right Hand Paresthesia, Status Post Right Wrist Surgery, and history of Gastroesophageal Reflux Disease), and treatment to date (medications (including ongoing treatment with Naproxen and Omeprazole) and work restrictions). Medical reports identify a request for Omeprazole to protect the gastric mucosa. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of Naproxen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg 1 tab OD #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of history of Gastroesophageal Reflux Disease. However, despite documentation of a request for Omeprazole to protect the gastric mucosa and ongoing treatment with Naproxen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg 1 tab OD #30 x 2 refills is not medically necessary.