

Case Number:	CM14-0075708		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2012
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

This is a 50-year-old female with a date of injury of 9/11/12. The mechanism of injury occurred when she was lifting and turning a mattress and felt pain in her bilateral elbows, right worse than left. On 4/22/14, a medical review noted that the request for Omeprazole 20mg was #60. On 4/15/14, a DWC Form RFA noted that the patient was prescribed and received Diclofenac XR and Omeprazole on 3/25/14. On 2/11/14, the patient complained of bilateral elbow pain with numbness and tingling in the upper extremities. Her current medication was noted to be Ibuprofen. On exam, the bilateral elbows were tender over the medial epicondyle, negative tenderness over the lateral epicondyle, negative pain with resisted wrist flexion. The diagnostic impression is bilateral carpal tunnel syndrome, right lateral epicondylitis, and left ulnar neuritis. Treatment to date includes chiropractic therapy, physical therapy, and medication management. A UR review dated 4/22/14 denied the request for Omeprazole DR 20mg (Prilosec). The Prilosec was denied because there is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterFDA Prilosec.

Decision rationale: 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. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The FDA states that it is "indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, etc." It is also commonly utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. It was noted that on 2/11/14, the patient's current medication list included Ibuprofen. The UR review on 4/22/14, noted that the request was for Omeprazole 20mg #60. Therefore, the request for Omeprazole DR 20mg quantity #60 was medically necessary.