

<b>Case Number:</b>	CM14-0183731		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 progress note of April 8, 2014, the injured worker was a 36 year old male, who was injured on the job. The injured worker sustained a saw injury to his left small and ring finger when the wood he was cutting kicked back. The injured worker seen in the emergency department; the wounds were stitched and dressed. The wound to the ring finger had tendon involvement. The x-ray of the left hand was normal with no obvious bone loss. The injured worker underwent surgery to the left ring finger, on 11, 2014. According to the operative report, the surgery repaired the flexor digitorum profundus laceration and the ulnar and radial digital nerve laceration. Post-operatively the injured worker was placed on Vicodin for pain. The injured worker returned to full work duty on August 7, 2014. On August 20, 2014 the primary physician placed the injured worker on Naproxen and omeprazole. On August 27, 2014, the injured worker underwent a nerve conduction study which showed left cervical radiculopathy. There was no documentation submitted by the physician to support the change in pain medications or rationale. Request for authorization was made on 9/17/14 for omeprazole 20 mg #60, Gabapentin and Ibuprofen. On October 6, 2014, the UR denied the request for Omeprazole 20mg 60 tablets, due to the MTUS: chronic pain guidelines. Specific reasoning was that the patient is 36 years old, prescribed one NSAID, has no complaints of GI symptoms and is not at increased risk to warrant this medication.

### 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 NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** Chronic pain guidelines are specific for the use of Omeprazole, a proton pump inhibitor. On page 68, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ,g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The patient has not been documented to be at risk for GI events. He is less than 65 years old, no documentation of history of peptic ulcer, GI bleeding or perforation, not using concurrent ASA, corticosteroids, and/or anticoagulant, and no evidence of high does or multiple NSAIDs. In addition, he has not been documented to have cardiovascular disease. Thus, based on the lack of GI risks factors as well as no evidence of cardiovascular disease, Omeprazole is not indicated. Thus, the Omeprazole 20mg #60 is not medically necessary.