

Case Number:	CM14-0187510		
Date Assigned:	11/17/2014	Date of Injury:	05/01/2012
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in Ohio. 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 41-year-old male who fell onto an outstretched left hand on April 23, 2012. He subsequently developed left hand and wrist pain. He has been through 3 surgeries including left wrist arthroscopy, left wrist synovectomy, neuroplasty of the left radial nerve, release of de Quervain's tenosynovitis, triangular fibrocartilage reconstruction, ulnar wafer excision, and injection of platelet rich plasma into the flexor carpi ulnaris tendon. He has had persistent pain with wrist motion and hyperesthesia over the left median nerve distribution. He has had extensive physical therapy and has made use of a TENS unit. The diagnoses include de Quervain's tenosynovitis, left wrist radiocarpal and ulnocarpal synovitis, tear of triangular fibrocartilage complex, ulnolunate impaction syndrome, and a torn rotator cuff. On October 3, 2014 he was prescribed fenoprofen 400 mg, #60, and omeprazole 20 mg, #60. There is mention in the chart of the injured worker having stomach pain previously with ibuprofen although there is no history of gastric ulceration.

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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: Prophylaxis against gastrointestinal events such as gastric ulceration with proton pump inhibitors is appropriate when there are one or more risk factors present: (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). The maximum daily dose for fenoprofen is recommended to be 3200mg per day. The injured worker was prescribed 800 mg of fenoprofen per day and thus cannot be said to be on high dose NSAID therapy. Because none of the mentioned risk factors for gastric ulceration are present, Omeprazole 20mg #60 is not medically necessary.