

Case Number:	CM14-0192472		
Date Assigned:	11/26/2014	Date of Injury:	11/18/2012
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with an injury date on 11/18/2012. Based on the 09/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Right shoulder impingement syndrome 2. Bilateral elbow cubital tunnel syndrome 3. Bilateral wrist tendinitis. According to this report, the patient complains of "moderate to severe pain in both wrists, left greater than right. Her back and right shoulder continue to cause her significant pain." Pain improves with rest and is worse with activities. Physical exam showed Positive Neer's, Hawkins', AC joint compression, crossover test, Cubital/Ulnar Tinel's test, and Finkelstein's test. Tenderness is noted at the right AC joint, bilateral dorsal and volar tendons. Sensation at the Ulnar nerve distribution is diminished bilaterally. The patient's condition as of 09/22/2014 to 10/22/2014 is temporarily totally disabled. The 08/29/2014 report, the patient states "her symptoms have not improved much at all. She does get temporary relief with the ultrasound or with shockwave treatment in her wrists and hands and right shoulder." There were no other significant findings noted on this report. The utilization review denied the request for Omeprazole 20mg #60 on 10/21/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/11/2014 to 09/22/2014.

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 Page(s): 67-71 & 78-79.

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

Decision rationale: According to the 09/22/2014 report, this patient presents with "moderate to severe pain in both wrists, left greater than right." Per this report, the current request is for Omeprazole 20mg #60. This medication was first mentioned in the 08/29/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports show patient is currently prescribed "Diclofenac XR 100 mg, 60, for anti-inflammatory., Omeprazole 20 mg ,60, reduce NSAID gastritis prophylaxis 30 tabs and Tramadol ER 150mg p.o. q d ,60, for chronic pain relief." In this case, the treating physician provided no documentation of gastrointestinal side effects with medication use and no mention if the patient is struggling with GI complaints. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.