

Case Number:	CM14-0195548		
Date Assigned:	12/03/2014	Date of Injury:	05/31/2014
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 26-year-old male who reported an injury on 05/31/2014. The mechanism of injury was a laceration from a meat cutting machine. His diagnoses included status post right forearm surgery and open wound to the right forearm with tendon involvement. There was an unofficial MRI referenced in the progress note from 10/23/2014 which did not demonstrate any abnormality. The injured worker's past surgeries included tendon surgery to the right forearm. On 10/23/2014, the injured worker presented with constant pain of the right forearm with a VAS rating of 8/10. The injured worker described his pain as a constant burning sensation that radiated down to his right hand with stiffness, locking, and popping in the middle and ring fingers. Upon physical examination, it was noted that the injured worker had normal affect and was wearing a brace. The injured worker's medications included cyclobenzaprine, Menthoderm gel, and Norco. The treatment plan included an orthopedic consult, continuation of medications, continuation of his home exercise program, a prescription for Norco, follow-up in 1 month, and pending authorization for physical therapy and 2 MRIs reports. The rationale for the request of omeprazole 20 mg #60 was not provided within the documentation. The Request for Authorization form was dated 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 DOS: 10/23/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 10/02/14 Proton Pump Inhibitors (PPIs)

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

Decision rationale: The request for omeprazole 20mg #60 DOS: 10/23/2014 is not medically necessary. The California MTUS Guidelines cite proton pump inhibitor are recommended with caution. Additionally the Official Disability Guidelines recommend for patients at risk for gastrointestinal events. Omeprazole is a proton pump inhibitor that should be indicated with precautions to determine if the patient is at risk for gastrointestinal events. The documentation has no evidence of gastrointestinal events by the injured worker and no indication of efficacy of the use of the medication and/or duration of relief. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request for omeprazole 20mg #60 DOS: 10/23/2014 is not medically necessary.