

Case Number:	CM14-0202383		
Date Assigned:	12/12/2014	Date of Injury:	07/09/2012
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 53-year-old woman with a date of injury of 11/25/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/01/2014 and 11/12/2014 indicated the worker was experiencing pain in the neck, arms, hands, fingers, and legs. Documented examinations consistently described tenderness with spasms and decreased joint motion in the upper back, hypersensitivity to light touch in the upper back, positive Tinel's and Phalen's signs involving both wrists, decreased grip strength, and trigger thumbs with decreased thumb joint motion. The submitted and reviewed documentation concluded the worker was suffering from cervical radiculopathy, bulging C4-7 disks with stenosis, trigger thumbs involving both sides, carpal tunnel syndrome involving both wrists, and arm radicular pain. Treatment recommendations included oral medications, cervical facet blocks, and follow up care. A Utilization Review decision was rendered on 11/25/2014 recommending non-certification for sixty tablets of Prilosec (omeprazole) 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: PPI See NSAIDs, GI symptoms and cardiovascular risk. Prilosec

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of Omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from cervical radiculopathy, bulging C4-7 disks with stenosis, trigger thumbs involving both sides, carpal tunnel syndrome involving both wrists, and arm radicular pain. There was no documentation suggesting the worker had any of the above conditions or issues or that the worker had recently used NSAIDs. In the absence of such evidence, the current request for sixty tablets of Prilosec (Omeprazole) 20mg is not medically necessary.