

Case Number:	CM14-0208073		
Date Assigned:	12/22/2014	Date of Injury:	04/13/2012
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 an injured worker with a history of trigger finger and carpal tunnel syndrome. Date of injury was April 13, 2012. The patient has a history of carpal tunnel syndrome, with surgery performed June 11, 2014. The patient has trigger thumb on the right. The progress report dated September 11, 2014 documented a request for right trigger finger release and tenosynovectomy. Physical examination reveals the surgical site for the carpal tunnel release is well-healed. There is still positive Tinel's test. The patient has no motor dysfunction. There is no numbness in the first, second and third digits. It is felt that it is going to take time for this to resolve. Regarding the trigger thumb, it is still extremely painful over the first dorsal compartment. It does not flex far enough to snap and lock at this time. The progress report dated October 2, 2014 documented that the patient's left thumb and wrist are improving. The patient had trigger thumb release in May 2014 and right wrist surgery for carpal tunnel in June 2014. Medications included Naprosyn and Prilosec. The primary treating physician's comprehensive orthopedic evaluation dated November 13, 2014 documented that trigger thumb is apparent on the right side. Surgical scars well-healed. Blood pressure was 137/124 mmHg. Treatment plan was documented. Naprosyn and Prilosec were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses non-steroidal anti-inflammatory drugs (NSAIDs) and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors and states a high dose of NSAID use is a gastrointestinal risk factor. Medical records document long-term use of prescription Naprosyn which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole (Prilosec), in patients with gastrointestinal risk factors. Per MTUS, high dose NSAID use is a gastrointestinal risk factor and the request for Prilosec is supported by MTUS guidelines. Therefore, the request for Prilosec 20 mg, sixty count is medically necessary.