

Case Number:	CM14-0063678		
Date Assigned:	09/03/2014	Date of Injury:	05/03/2011
Decision Date:	02/25/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 worker is a 45 year old male who was injured on 5/3/2011 as a barrel of clay fell on his right wrist and was diagnosed with a wrist sprain. He was later diagnosed with right upper extremity overuse syndrome, right carpal tunnel syndrome, right cubital tunnel syndrome, and right knee contusion. He was treated with steroid injections, wrist splint, and medications. On 3/21/14, the worker was seen by his hand specialist reporting continual intermittent and occasional moderate pain (rated 4/10 on the pain scale) in his right wrist without change and associated with numbness and tingling. Physical findings of the right hand/wrist included decreased grip strength, positive Phalen's test, positive compression test over median nerve, mild thenar atrophy, positive Durkan's test, and positive prayer sign, no crepitus, positive Tinel's over cubital tunnel, and negative axial grind test. He was then recommended chiropractor treatments for his wrist/hand, see a pain specialist, and continue his Norco, Relafen, and omeprazole, which is for his "gastritis."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he was using NSAIDs (Nabumetone), however, there was no evidence of the worker complaining of GI symptoms related to this medication before Omeprazole was initiated (notes were not available from the time the Omeprazole was initiated). Regardless, there was no other medical history found in the notes available for review suggested an elevated risk for GI events. The worker did have a history of hypertension, which is a relative contraindication for chronic NSAID use, and perhaps a reconsideration of chronic NSAID use in this patient should also be made by his treating physicians. Therefore, the chronic use of Omeprazole is not medically necessary, considering the factors above.