

Case Number:	CM15-0003666		
Date Assigned:	01/14/2015	Date of Injury:	08/23/2011
Decision Date:	03/09/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 37 year old male, who sustained an industrial injury on 8/23/2011. Per the physical therapy reports, there was severe injury to both hands and wrists following a fall. The diagnoses have included right inguinal, medial leg sprain, bilateral carpal tunnel, bilateral wrist sprain and bilateral hand overuse syndrome. Per anesthesia documentation of surgery completed 9/24/14, diagnoses also included Gastroesophageal Reflux Disease (GERD) and hypertension. Treatment to date has included wrist splints, cold therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, home exercise, abdominal hernia surgery 7/15/14, and right carpal tunnel surgery 9/24/14. Currently on November 4, 2014, the IW complains of pain numbness in all digits. Physical examination documented positive Durkan's test, with no signs of infection and well healing incisions. Plan of care included continuing with anti-inflammatory medication, physical therapy and home exercises. On 12/31/2014 Utilization Review non-certified Omeprazole 20mg, noting the documentation did not support the risk of gastric bleeding. The MTUS Guidelines were cited. On 1/8/2015, the injured worker submitted an application for IMR for review of Omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDS, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. The provider has failed to provide a single medication list in the provided documentation. Patient is not noted to be on any NSAIDs from the documentation. Patient has a diagnosis of GERD listed but there is no documentation of any dyspepsia complaints, complaints concerning GERD or documentation of response to treatment. Patient is not high risk for GI bleeding. MTUS guidelines only pertain to PPIs in NSAID therapy. Patient is not on NSAID therapy and there is no documentation that patient's GERD is somehow an industrial injury. Prilosec/Omeprazole is not medically necessary.