

Case Number:	CM15-0005196		
Date Assigned:	01/26/2015	Date of Injury:	07/09/2013
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41 year old female, who sustained an industrial injury on July 9, 2013. She has reported repetitive work injury. The diagnoses have included right elbow surgery, left elbow strain, right carpal tunnel syndrome and surgery, left wrist surgery, and left carpal tunnel syndrome. Treatment to date has included medications, transcutaneous electrical nerve stimulation, radiological imaging, surgery, and over six months of physical therapy. Currently, the IW complains of continued left wrist and right elbow pain. Tenderness of both wrists, with painful range of motion is noted to the left wrist. A note on January 13, 2015, indicates the injured worker reporting that "she is not interested in therapy. She has tried in the past and relates it doesn't help anymore." On January 7, 2015, Utilization Review non-certified Prilosec 20 mg, quantity #30 with one refill, based on Chronic Pain Medical Treatment guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of Prilosec 20 mg, quantity #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg # 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Druge Information. Topic 9718, version 151.0. UpToDate, accessed 03/15/2015.

Decision rationale: 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 peripheral neuropathy and right lateral epicondylitis. There was no discussion describing any symptoms or signs suggesting any of the above conditions or special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for thirty tablets of Prilosec (omeprazole) 20mg with one refill is not medically necessary.