

Case Number:	CM15-0102132		
Date Assigned:	06/04/2015	Date of Injury:	05/23/2006
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58-year-old female, who sustained an industrial injury on 5/23/2006. Diagnoses include pain in joint of hand, pain in joint of upper arm, cervicgia and anxiety state not otherwise specified. Treatment to date has included surgical interventions (right and left carpal tunnel releases (2007) and (2008) and right DeQuervain's release (2008), heat and ice application, exercise, rest and medications including Senna, Omeprazole, Terocin patch, Fenoprofen, Trazodone, Gabapentin and Adderall. Per the Primary Treating Physician's Progress Report dated 4/16/2015, the injured worker reported neck pain and right upper extremity pain rated as 7/10 on a subjective numerical scale from 0-10. The pain was described as dull with radiation to the neck, right shoulder, left arm, right arm left and right wrists and bilateral hands. Physical examination of the cervical spine revealed restricted ranges of motion to flexion, extension and lateral rotation. There was spinous process tenderness at C4, 5, 6 and 7. Tenderness was noted at the trapezius. Cervical facet loading was positive on both sides. There was tenderness to palpation over the bilateral elbows and the bilateral wrists. Range of motion of the right wrist was restricted. The injured worker declined injections and acupuncture at this time. The plan of care included medications and authorization was requested for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events. The request is not medically necessary.