MAXIMUS Federal Services

Case Number:	CM15-0108162		
Date Assigned:	06/12/2015	Date of Injury:	09/12/2013
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66 year old female, who sustained an industrial injury on September 12, 2013. She reported right hip, right wrist, right arm and elbow pain. The injured worker was diagnosed as having fracture of an unspecified bone, closed, dyspepsia and post-traumatic stress disorder (PTSD). Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right arm and elbow fracture, post-surgical care for infection, medications, conservative care and work restrictions. Currently, the injured worker complains of continued right hip, wrist, right arm and elbow pain status post-surgical intervention with post-operative complications. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted while in the hospital following surgical intervention she developed severe diarrhea and was started on antibiotic therapy for an unspecified infection. She remained in the hospital for a considerable period of time and on hospital day 30 underwent a colonoscopy. She was informed to avoid seeds in her diet. Evaluation on March 5, 2015, revealed continued pain as noted. She reported after being released from the hospital she was placed in a convalescent home where she received no help and remained for three days with stool in her brief. She reported becoming very ill and being sent back to the hospital for additional antibiotics. She then was placed in a second convalescent home, then moved in to aide her ailing mother. She reported she was unable to do much with the injured arm and severe dyspepsia. She eventually moved in with a family member then to her own home where she reported continuing to deal with PTSD and dyspepsia. A retrospective request for Omeprazole was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 66 year old female has complained of right hip, wrist, arm and elbow pain since date of injury 9/12/13. She has been treated with surgery, physical therapy and medications. The current request is for retro omeprazole. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.