

<b>Case Number:</b>	CM15-0140449		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old who has filed a claim for ring and middle finger pain reportedly associated with an industrial injury of February 9, 2015. In a Utilization Review report dated June 23, 2015, the claims administrator retrospectively denied Prilosec apparently prescribed on or around February 25, 2015. The applicant's attorney subsequently appealed. The applicant was diagnosed with a crush injury and associated subungual hematoma on an emergency department note of February 12, 2015. The applicant underwent cauterization of the subungual hematoma on that date. Work restrictions and Vicodin were endorsed on February 10, 2015. In an order form dated February 25, 2015, tramadol, naproxen, and Prilosec were endorsed. No clinical progress notes were endorsed; however, the prescription seemingly suggested that Prilosec was being employed for cytoprotective effect as opposed to for actual symptoms of reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole DR 20 mg #90 with a dos of 2/25/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Hand, Wrist, and Forearm Disorders 3rd ed., pg 838.

**Decision rationale:** No, the request for omeprazole prescribed and/or dispensed on February 25, 2015 was not medically necessary, medically appropriate, or indicated here. Since this was not a chronic pain case as of the date of service, February 25, 2015, the MTUS Guideline in ACOEM Chapter 3 was invoked in favor of the MTUS Chronic Pain Medical Treatment Guidelines here. Guideline recommendation are: NSAIDs for Patients at Risk for GI Adverse Effects  
Concomitant prescriptions of cytoprotective medications are strongly recommended for patients at substantially increased risk for gastrointestinal bleeding. There are four commonly used cytoprotective classes of drugs: misoprostol, sucralfate, double-dose histamine Type 2 receptor blockers (famotidine, ranitidine, cimetidine, etc.), and proton pump inhibitors (esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole). There is not generally believed to be substantial differences in efficacy for prevention of gastrointestinal bleeding, 949 although evidence for sucralfate is limited. There also are combination products of NSAIDs/misoprostol that have documented reductions in risk of endoscopic lesions (see Hip and Groin Disorders chapter). Indications. For patients with a high-risk factor profile who also have indications for NSAIDs, cytoprotective medications should be considered, particularly if longer-term treatment is contemplated. At-risk patients include those with a history of prior gastro-intestinal bleeding, the elderly, diabetics, and cigarette smokers. Frequency/Duration: As recommended. Indications for Discontinuation are, Intolerance, development of adverse effects, or discontinuation of NSAID. Strength of Evidence: Strongly Recommended. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, an attending provider should incorporate some discussion of "efficacy of medication" for the particular condition for which it has prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's order form of February 25, 2015 did not clearly state why omeprazole had been prescribed and/or dispensed for cytoprotective effect. While the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Disorder Chapter does acknowledge that cytoprotective medications such as omeprazole can be employed in applicants who are at substantially increased risk for gastrointestinal bleeding, here, however, no clinical progress notes were attached to the February 25, 2015 order form. It was not clearly stated why the attending provider believed that the applicant was at heightened risk for adverse gastrointestinal affects and/or gastrointestinal bleeding. No clinical progress note or rationale accompanied the order. Therefore, the request was not medically necessary.