

Case Number:	CM15-0147314		
Date Assigned:	08/10/2015	Date of Injury:	02/21/2013
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This is a 50 year old female with a February 21, 2013 date of injury. A progress note dated June 22, 2015 documents subjective complaints (status post ulnar shortening osteotomy; appropriate postoperative pain), and objective findings (well healed incision, no evidence of infection; well fitted sugar tong splint). Diagnoses were noted in the medical record to include left fourth digit stenosing tenosynovitis and left triangular fibrocartilage tear with ulnocarpal impaction. Treatments to date have included surgery, magnetic resonance imaging of the left wrist (October 14, 2014; showed focal area of subchondral cystic changes along the proximal medial margin that was suspicious for old trauma; distal radial ulnar joint fluid, attenuated central insertion of cranial frontal cartilage without tear), splinting, physical therapy, and medications. The treating physician documented a plan of care that included Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Omeprazole 20mg, 1 tab daily, #60, dispensed on 06/22/15: 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), Pain Chapter, Prilosec (Omeprazole); Proton pump inhibitors (PPI's).

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. Patient is currently on nabumetone. It is unclear why this was prescribed. Patient has been on nabumetone chronically with no dyspepsia complaints. Patient is not high risk for GI bleeding. Prilosec/Omeprazole is not medically necessary.