

<b>Case Number:</b>	CM15-0189855		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/21/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 40 year old female who sustained an industrial injury on 7-21-10. A review of the medical records indicates she is undergoing treatment for bilateral carpal tunnel syndrome and status post right carpal tunnel release in 2011. Medical records (4-21-15, 8-3-15) indicate ongoing complaints of bilateral wrist and hand pain. She reports that the right hand is "aching, burning pain with pins and needles" and the left hand is "numbness and pins and needles" (8-3-15). She reports "cramping" and radiation of the pain from the wrists to the hands and indicates that the pain "has begun to radiate up into the forearm" on 4-21-15. The physical exam (8-3-15) reveals decreased range of motion in both hands. Decreased sensation is noted over the C6 and C7 dermatomes. Positive Finkelstein's, Phalen's, Tinel's, and CMC grind tests are noted in the right hand and wrist. Diagnostic studies have included MRIs of bilateral hands and an EMG-NCV of bilateral upper extremities. Treatment has included massage therapy, heat therapy, a TENS unit, a cervical steroid injection, and medications. Her medications include Omeprazole, Naproxen, Tramadol-APAP, and a compound cream. The treating provider indicates that she is prescribed Prilosec for gastrointestinal prophylaxis. The injured worker states that she has been provided with Prilosec, but has not been taking it. She is working full duty. The utilization review (9-4-15) includes requests for authorization of Omeprazole and Naproxen. Both requests were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** In this case, the patient has chronic bilateral wrist pain secondary to carpal tunnel syndrome. The request is for Omeprazole as a prophylactic medication due to the patient taking Naprosyn on a chronic basis. Proton pump inhibitors (PPI) such as Omeprazole are indicated in patients at moderate to high risk of GI adverse events, such as age over 65; history of GI hemorrhage, PUD or perforation; concomitant use of ASA, corticosteroids or anticoagulants; and high dose/multiple NSAIDs. This patient does not have any of these risk factors. The medical records indicate that the patient is no longer taking the Omeprazole. In addition, the Naproxen request was denied. Therefore, PPI prophylaxis is no longer necessary. The request is not medically necessary or appropriate.

**Naproxen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** In this case, the patient has chronic wrist pain secondary to bilateral carpal tunnel syndrome. The request is for Naproxen, which has been utilized on a long-term basis. CA MTUS Guidelines recommend the use of NSAIDs like Naproxen for mild to moderate pain; however, they should be used on a short-term basis at the lowest possible dose. Therefore, based on guidelines, the long-term use is not recommended. The request is not medically necessary or appropriate.