MAXIMUS Federal Services

Case Number:	CM15-0190640		
Date Assigned:	10/02/2015	Date of Injury:	06/08/2013
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	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: New Jersey
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 51 year old female who sustained an industrial injury on 06-08-2014 Current diagnoses include bilateral carpal tunnel syndrome, chronic cervical spine sprain, and pain disorder associated with psychological findings. Report dated 06-30-2015 noted that the injured worker presented with complaints that included neck pain and bilateral wrist pain, occasional wrist and neck flare-up. Pain level was not included. Physical examination performed on 06-30-2015 revealed tenderness in the neck, tenderness in both wrists, and positive Tinel's bilaterally. Previous diagnostic studies included an electrodiagnostic study. Previous treatments included medications, injections, and acupuncture. The treatment plan included continuing Naprosyn and Prilosec, and request for recent MRI studies of the shoulders, neck, and wrists. According to the medical records received the injured worker has been prescribed an NSAID since at least 12-2014. The utilization review dated 08-27-2015, non-certified the request for Retrospective review for date of service (DOS) 5/06/15, 06/03/15, 06/30/15 for omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (DOS); 5/06/15; 06/03/15; 06/30/15 for Omeprazole 20mg number thirty (#30) with three (3) refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was insufficient evidence presented in the notes made available for review to suggest this worker was at an elevated risk for gastrointestinal events to warrant ongoing omeprazole use, which has significant long-term side effects. Therefore, in the opinion of this reviewer, this request for omeprazole will be considered medically unnecessary without this supportive evidence. Weaning may be indicated.