

Case Number:	CM15-0196093		
Date Assigned:	10/09/2015	Date of Injury:	10/14/2014
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 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 38 year old male, who sustained an industrial injury on 10-14-2014. The injured worker is being treated for status post exploration and removal of metallic objects with debridement of contaminated bone from the left wrist and hand, left wrist pain and motor and sensory demyelinating neuropathy at the wrist (per EMG (electromyography) on 3-30-2015). Treatment to date has included surgical intervention, diagnostics, work restrictions and medications. Per the most recent submitted records, the Primary Treating Physician's Progress Report dated 7-29-2015, the injured worker presented for follow-up of industrial injuries to the left elbow and wrist. He reported pain rated as 5-6 out of 10 which is his usual pain rating, however after taking Norco his pain level is reduced to 2 out of 10. Objective findings of the left wrist included normal active range of motion with some discomfort at the end points and mild tenderness to palpation over the carpometacarpal bony structures. Per the medical records dated 5-06-2015 to 9-09-2015 there is no documentation of necessity for the use of a proton pump inhibitor. There are no reports of gastrointestinal symptoms or documentation of risk factors necessitating the administration of the medication. Work status was modified. The plan of care included continuation of medications. Authorization was requested for Omeprazole 20mg #30. On 9-24-2015, Utilization Review non-certified the request for Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 1 refill: Upheld

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

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 chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Ibuprofen for several months but long-term need is not justified since it is mentioned that Norco subsidizes most of the pain. Therefore, the continued use of Omeprazole is not medically necessary.