

Case Number:	CM15-0196830		
Date Assigned:	10/09/2015	Date of Injury:	07/11/2011
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/03/2015

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, 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:

This is a 48 year old female patient who sustained an industrial injury on 7-11-11. She sustained the injury due to hit her head on a ladder and fell on her side. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome. In the only documentation submitted for review, an initial comprehensive preoperative consultation, dated 6-16-15, the patient presented for a preoperative consultation for right carpal tunnel release. Physical exam revealed lungs clear to auscultation, heart with regular rate and rhythm and soft abdomen without tenderness to palpation. The patient denied abdominal pain, melena, hematochezia or hematoemesis. The physician noted that laboratory studies revealed elevated GGT, AST, ALT and cholesterol. The current medications list is not specified in the records provided. She has undergone bilateral carpal tunnel release and lumbar surgery. Other treatment has included chiropractic treatment, medications, physical therapy, injections and herbal treatment. The physician cleared the patient for surgery and instructed the patient to stop use of all anti-inflammatory, herbal and over the counter medications in preparation for the procedure. 9-9-15, Utilization Review noncertified a request for Omeprazole 20mg #60 with 5 refills and Amoxicillin 500mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60 with 5 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 rationale: Omeprazole 20 mg #60 with 5 refills. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20 mg #60 with 5 refills is not established for this patient.

Amoxicillin 500 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Infectious Diseases (updated 09/12/15), Amoxicillin (Amoxil).

Decision rationale: Amoxicillin 500 mg #60 with 5 refills. Amoxicillin is an antibiotic. Per the ODG amoxicillin is "Recommended as first-line treatment for cellulitis and other conditions." Per the cited guidelines amoxicillin is used to treat infections of various etiologies. Amoxicillin was prescribed for post-operative use in this patient. However, the rationale for the need of 5 refills is not specified in the records provided. The medical necessity of Amoxicillin 500 mg #60 with 5 refills is not fully established in this patient at this time.