

Case Number:	CM15-0031094		
Date Assigned:	02/24/2015	Date of Injury:	10/03/2014
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 53 year old female who sustained an industrial injury as a housekeeper on October 3, 2014. The injured worker was diagnosed with bilateral shoulder, elbow and wrist sprain. A right wrist magnetic resonance imaging (MRI) performed on October 27, 2014 demonstrated tenosynovitis of the first extensor compartment tendon or DeQuervain's, a partial thickness tear on the proximal surface of the triangular fibrocartilage and a 5mm volar ganglion near the styloid process. A normal Electromyography (EMG) and Nerve Conduction Studies (NCS) performed on December 9, 2014 were documented. According to the primary treating physician's progress report on December 9, 2014 the bilateral wrists revealed no deformity or swelling. Tenderness was noted over the wrist particularly at the dorsal compartment. Full range of motion and bilateral numbness of the hands were documented. Negative Phalen test, negative Tinel's and a positive Finkelstein were noted bilaterally. Elbow and shoulder evaluations were stable with full range of motion. There was no history of gastric ulcers, gastroesophageal reflux disorder (GERD) or gastric disorders documented. Current medications consist of Naproxen and Ultram ER. Treatment modalities consist of physical therapy. The treating physician requested authorization for Prilosec 20mg #60. On February 10, 2015 the Utilization Review denied certification for Prilosec 20mg #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.