

Case Number:	CM15-0033584		
Date Assigned:	02/27/2015	Date of Injury:	02/20/2014
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old female who reported a continuous trauma injury on 02/20/2014. The current diagnoses include derangement of the shoulder, lateral epicondylitis, sprain/strain of the wrist, ankylosis of a joint, and carpal tunnel syndrome. The latest physician's progress report submitted for review was documented on 11/20/2014. The injured worker presented for a follow-up evaluation with complaints of persistent pain in the right index finger, bilateral thumbs, and bilateral wrists. The injured worker also reported bilateral shoulder pain. Upon examination, there was tenderness to pressure over the bilateral shoulders, limited range of motion of the left shoulder, reduced sensation in the bilateral hands, positive Tinel's signs bilaterally, and positive Finkelstein's tests bilaterally. Recommendations included continuation of physical therapy and the current medication regimen of naproxen 550 mg and omeprazole 20 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (DR) delayed release 20 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.