

Case Number:	CM15-0035309		
Date Assigned:	03/03/2015	Date of Injury:	11/01/2012
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on November 1, 2012. She has reported bilateral shoulders, arms and hands injuries. Her diagnoses include trigger finger and status post left carpal tunnel release on January 22, 2014. She has been treated with work modifications, physical therapy, acupuncture, and anti-epilepsy medication. On January 21, 2015, her treating physician reports she complains of bilateral shoulder pain with arms feeling heavy and a pulling sensation between the shoulder blades. She has constant right hand pain with weakness. The left hand pain and achiness was increased with locking of the middle finger. The physical exam revealed full range of motion of the bilateral shoulders with minimal discomfort and full range of motion of bilateral wrists with full opposability with minimal discomfort. The treatment plan includes a proton pump inhibitor medication. On February 11, 2015 Utilization Review non-certified a prescription for Omeprazole 20mg 1 QD (every day) #30 with 2 refills, noting the lack of clinical notes that indicate the need for Omeprazole for this injured worker. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 OD #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg one daily #30 with two refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnosis is trigger finger and status post carpal tunnel release. Subjectively, the injured worker complains of bilateral shoulder pain, arms feel heavy, right-hand pain and left-hand pain. A progress note dated January 21, 2015 shows the injured worker was on Gabapentin. The treating physician added Omeprazole 20 mg at that visit. There is no clinical indication for clinical rationale in the medical record for starting Omeprazole. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs in the record. Consequently, absent clinical documentation with risk factors or co-morbid conditions for gastrointestinal events, Omeprazole 20 mg one daily #30 with two refills is not necessary.