

Case Number:	CM15-0038504		
Date Assigned:	03/09/2015	Date of Injury:	07/12/2013
Decision Date:	08/05/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 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 (IW) is a 34-year-old female who sustained an industrial injury on 07/12/2013. Diagnoses include bilateral shoulder impingement syndrome; bilateral carpal tunnel syndrome with resultant cephalgia; bilateral De Quervain's tenosynovitis; probable bilateral trigger thumbs; and major depressive disorder, single episode, unspecified. Treatment to date has included medications, shoulder injections, splinting, physical therapy, psychiatric and psychological therapy with cognitive behavioral therapy and home exercise. According to the progress notes dated 1/15/15, the IW reported pain, numbness and tingling in the hands, worse on the left and pain in the bilateral shoulders, worse on the left, as well. On examination, Neer's and Hawkins signs were positive bilaterally. There was thenar weakness bilaterally and tenderness over the A1 pulleys of the thumbs bilaterally. Finkelstein's test was positive bilaterally. Electrodiagnostic testing findings on 9/6/13 were consistent with bilateral carpal tunnel syndrome. Medications included Naprosyn, omeprazole and Tylenol#3. A request was made for Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: CM15-0038504

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the bilateral hands and shoulders. The current request is for Omeprazole. The requesting treating physician report was not found in the documents provided. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. A report dated 4/21/14 shows the patient was prescribed Omeprazole for the treatment of "heartburn." In this case, while there is documentation provided of NSAID use, there is no current progress report that discusses Omeprazole's efficacy in treating the patient's "heartburn" nor was there any documentation of risk assessment. Furthermore, the current request does not specify a quantity of Omeprazole to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The MTUS guidelines require much more documentation to recommend the continued usage of a PPI as outlined on pages 68-69. The current request is not medically necessary.