

Case Number:	CM15-0049745		
Date Assigned:	03/23/2015	Date of Injury:	10/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37 year old male, who sustained an industrial injury on October 21, 2012. He reported that in the process of lifting a note, he noted a sudden sharp pain in the right wrist. The injured worker was diagnosed as having right carpal tunnel syndrome, lumbar spine disc, and thoracic spine disc. Treatment to date has included electrodiagnostic study, left wrist MRI, lumbar spine MRI, thoracic spine MRI, right wrist MRI, acupuncture, bracing, physical therapy, and chiropractic treatments, and medication. Currently, the injured worker complains of pain in mid back, lower back, and wrist. The Primary Treating Physician's report dated January 21, 2015, noted the injured worker was scheduled for right wrist surgery on January 22, 2015. The Physician noted tenderness to the right volar carpal ligament with positive Tinel's sign and positive Phalen's test with decreased range of motion (ROM). Authorization was requested for the injured worker to undergo right wrist surgery on January 22, 2015, and to refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risks Page(s): 68 -69.

Decision rationale: The patient is a 37 year old male with an injury on 10/21/2012. Omeprazole is a proton pump inhibitor (PPI). The patient is not 65 years or older. There is no history of GI bleeding or peptic ulcer disease. He is not taking anticoagulants. He does not meet MTUS, Chronic Pain criteria for the medical necessity of a PPI. Omeprazole is not medically necessary.