

<b>Case Number:</b>	CM15-0061942		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/23/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 52-year-old male, who sustained an industrial injury on 1/23/10. He reported numbness and tingling in his right hand after he jammed his hand into a door. The injured worker was diagnosed as having ulnar neuropathy, status post right first metacarpal joint and thumb fracture, diabetes, hypertension and high cholesterol. Treatment to date has included an EMG study of the right upper extremity, right hand surgery, pain medications and occupational therapy. As of the PR2 dated 2/3/15, the injured worker reports anxiety and nervousness. He still has shoulder and arm pain. The treating physician noted that the injured worker's weight was down, but his sugar was still elevated. The treating physician requested Omeprazole 20mg #180, Glucovance 5/500mg #360 and Lotrel 10/20mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG #180 1 CAP P.O. TWICE A DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The OMEPRAZOLE 20 MG #180 1 CAP P.O. TWICE A DAY is not medically necessary and appropriate.

**GLUCOVANCE 5 M3-500 MG #360 2 TAB P.C. TWICE A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Diabetes, page 189.

**Decision rationale:** Review indicates the patient had previous known medical history of diabetes mellitus at the time of injury. Submitted reports have not provided sufficient medical status of the patient's diabetic condition nor has the provider demonstrated the associated issue and medical necessity for treatment with this medication to allow for the patient's functional recovery from the injury sustained. The GLUCOVANCE 5 M3-500 MG #360 2 TAB P.C. TWICE A DAY is not medically necessary and appropriate.

**LOTREL 10-20 MG #90 1 CAP P.O. DAILY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Hypertension, page 780.

**Decision rationale:** Lotrel is a calcium channel blocker indicated in the treatment of HTN and chronic stable angina. CA MTUS is silent for its use in the treatment of this anti-hypertensive medication requested for this injury. Review indicates the patient had previous known medical history of hypertension at the time of injury. Submitted reports have not provided sufficient medical status of the patient's diabetic condition nor has the provider demonstrated the associated issue and medical necessity for treatment with this medication to allow for the patient's functional recovery from the injury sustained. The LOTREL 10-20 MG #90 1 CAP P.O. DAILY is not medically necessary and appropriate.