

Case Number:	CM15-0086104		
Date Assigned:	05/08/2015	Date of Injury:	03/03/2010
Decision Date:	06/11/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/05/2015

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:

This 41 year old woman sustained an industrial injury on 3/3/2010. The mechanism of injury is not detailed. Diagnoses include left medial epicondylitis, rule out bilateral carpal tunnel syndrome, right elbow and bilateral shoulder pain, eye pain, abdominal pain, depression, anxiety, and sleep difficulty. Treatment has included oral medications, surgical intervention, and bilateral wrist braces. Physician notes dated 3/31/2015 show complaints of pain to the left elbow, right hand and wrist, and right thumb rated 5/10. Also lists complaints of right shoulder weakness, left eye with blurry vision, depression, anxiety, and sleep difficulty. Recommendations include continue using wrist braces, Anaprox, Prilosec, urine drug screen, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg by mouth twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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 Prilosec 20mg by mouth twice daily #60 is not medically necessary and appropriate.