

Case Number:	CM14-0133255		
Date Assigned:	08/22/2014	Date of Injury:	02/13/2013
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 34-year-old female with a 2/13/13 date of injury. At the time (7/18/14) of the request for authorization for Omeprazole 20mg #30 Refill 2, there is documentation of subjective (pain in the bilateral wrists, hands, and fingers) and objective (positive Durkan's, Tinel's, and Phalen's signs; there is positive flattening of the thenar prominences; positive Cup sign; loss of sensation to light touch at the bilateral thumbs and second digits) findings, current diagnoses (stenosing tenosynovitis, De Quervain's, right hand, chronic; myoligamentous sprain/strain, bilateral wrists, greater on the right, chronic; pain, non-specific, bilateral wrists and elbows, chronic and recurrent; subchondral bone cyst, right, chronic and pre-existing, per MRI 9/10/13; lateral epicondylitis, bilaterally, chronic, by history but not current complaint; and possible Raynaud's syndrome, bilateral hands, chronic and recurrent but no current complaint), and treatment to date (medication including chronic NSAID therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omprazole 20mg #30 Refill 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of stenosing tenosynovitis, De Quervain's, right hand, chronic; myoligamentous sprain/strain, bilateral wrists, greater on the right, chronic; pain, non-specific, bilateral wrists and elbows, chronic and recurrent; subchondral bone cyst, right, chronic and pre-existing, per MRI 9/10/13; lateral epicondylitis, bilaterally, chronic, by history but not current complaint; and possible Raynaud's syndrome, bilateral hands, chronic and recurrent but no current complaint. In addition, given documentation of chronic NSAID therapy, there is documentation of a risk for a gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #30 Refill 2 is medically necessary.