

<b>Case Number:</b>	CM14-0142904		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 48-year-old female employee with date of injury of 8/29/2013. A review of the medical records indicates that the patient is undergoing treatment for right fifth finger crush injury, right fifth finger fracture, right wrist hand pain, and right fifth finger flexion contracture deformity at the DIP joint. Subjective complaints include right 5th digit pain, stiffness, heaviness, and weakness radiating to ulnar wrist with numbness, tingling, and weakness. Objective findings include: JAMAR Grip Strength results, second notch left: 20, 22, 22Kg, in 45 flexion. Right 5th digit distal phalanx to be held in 45 degrees flexion. Patient is unable to extend distal phalanx at all; has full extension of MCP, PIP, and is able to touch the palm of her hand; no evidence of subungual hematoma. Negative Phalen's, Tinel, and Finkelstein's Tests. No pain over first dorsal wrist extensor. Treatment has included chiropractic treatment, physical therapy (PT), Tramadol, Methoderm gel and Prilosec. There is a splint in place on the right fifth digit. The utilization review dated 7/30/2014 non-certified the request for Prilosec 20mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #90:** Upheld

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

**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), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** The MTUS states, "Determine if the patient is at risk for gastrointestinal events: (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)." It also recommends the following: "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in the MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Omeprazole 20mg #90 is not medically necessary.