

Case Number:	CM14-0160866		
Date Assigned:	10/06/2014	Date of Injury:	09/16/2013
Decision Date:	11/06/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 36 year old male with a reported date of injury of 09/16/2013. The mechanism of injury was not reported. The reported diagnosis was carpal tunnel syndrome. His past treatments included unspecified conservative care and medication. On 01/07/14 the injured worker stated his symptoms had remained the same. On physical exam, it was noted that his abdomen was non-tender to palpation, bowel sounds were normal. His medications included Advil. His treatment plan included laboratory tests, electrocardiogram, pre and post-operative care, pain management was discussed and medications prescribed, instructions not to use Aspirin and non-steroidal anti-inflammatories until his surgery. The rationale for the request for Omeprazole 20mg #60 was not provided. The Request for Authorization Form was submitted 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg #60, dispensed in office on 1/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms & cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Retro for Omeprazole 20mg #60, dispensed in office on 1/7/14 is not medically necessary. The California MTUS Guidelines state that use of NSAIDs should be weighed against the risk for gastrointestinal events and the addition of a proton pump inhibitor may be recommended when there is documentation of significant risk factors to include age greater than 65 years old with a history of GI bleeding or perforation, continual use of aspirin, corticosteroids, and/or an anticoagulant and at high doses of multiple non-steroidal anti-inflammatories. Use of a proton pump inhibitor may also be recommended in the treatment of dyspepsia secondary to NSAID therapy. The provided documentation stated that the injured worker used Advil. However, there is no documentation of complaints of dyspepsia or significant risk factors. Furthermore the injured worker is a 36 year old male with no prior history of gastrointestinal events such as gastric ulcers. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, based on the guidelines and documentation submitted for review, the request of Omeprazole 20mg #60 is not medically necessary.