

<b>Case Number:</b>	CM14-0185324		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain, carpal tunnel syndrome, elbow pain, neck pain, and shoulder pain reportedly associated with an industrial injury of October 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; earlier left and right carpal tunnel release surgery; earlier elbow surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 24, 2014, the claims administrator approved a request for ibuprofen, denied a request for Prilosec, and approved a request for Zanaflex. The claims administrator stated that the applicant was 39 years old as of the date of the Utilization Review Report. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant reported ongoing complaints of left hand and thumb pain with associated paresthesias. The applicant stated that her medications were beneficial. The applicant was reportedly using Motrin, Prilosec, Biofreeze gel, Zanaflex, and Lidoderm, it was acknowledged. A well-healed scar was noted about the left wrist. Multiple medications were refilled, including Motrin, Prilosec, Zanaflex, and Lidoderm. It was stated that the applicant's pain medications were reducing her pain complaints. The applicant's work status was not clearly stated. In an October 2, 2014 progress note, the applicant was asked to pursue additional physical therapy status post left carpal tunnel release surgery and left epicondylar release surgery with a revision open carpal tunnel release surgery performed on July 30, 2014. On August 29, 2014, the applicant presented with a variety of shoulder, wrist, elbow, and hand complaints. There was no mention of any issues with reflux, heartburn, or dyspepsia on this occasion. On August 28, 2014, the applicant again reported multifocal upper extremity pain

complaints. Motrin, Prilosec, and Zanaflex were renewed. There was no mention of any issues with reflux or heartburn on this date, either.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia on any of the progress notes, referenced above. It was not clearly stated for what purposes Prilosec was being employed and/or whether or not Prilosec was, in fact, effective. Therefore, the request is not medically necessary.