

Case Number:	CM14-0097952		
Date Assigned:	09/23/2014	Date of Injury:	04/23/2013
Decision Date:	10/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 46-year-old female who reported an injury when her right hand landed in the path of a pastry guillotine on 04/23/2013. On 05/13/2014, her diagnoses included reflex sympathetic dystrophy and amputation of the right 3rd finger status post reattachment with DIP fusion. Her current medications included Omeprazole DR 20 mg, Flexeril 10 mg, Percocet 10/325 mg, Gabapentin 600 mg, Cymbalta 30 mg, Lamictal 100 mg and Trazodone 100 mg. There was no rationale included in this injured worker's chart. A Request for Authorization dated 05/27/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg Qty 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The request for Omeprazole DR 20 mg quantity 60 with 5 refills is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended but clinicians should weigh the indications for

NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroid and/or anticoagulants or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngopharyngeal reflux. This injured worker did not have any of the above diagnoses nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Omeprazole DR 20 mg quantity 60 with 5 refills is not medically necessary.