

Case Number:	CM14-0213295		
Date Assigned:	12/30/2014	Date of Injury:	09/15/2000
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 is a 57-year-old female with a 9/15/00 date of injury. According to a progress report dated 12/8/14, the patient has a history of bilateral upper extremity carpal tunnel syndrome, rated as a 7-8/10 without the use of Norco. She stated she had a flare up of pain in recent weeks and Norco was increased at this time to 3 times a day in order to provide better relief of her flare up of pain, which was making it very difficult for her to complete her activities of daily living. Without the acid reducing medication, she had stomach upset secondary to opioid use. The provider has discontinued Prilosec/omeprazole as it is not being authorized and started the patient on Protonix 20mg. Objective findings: sensation normal to light touch in the upper extremities, both elbows are tender laterally, wrists are slightly tender over the volar aspect, minimal tenderness over the first MCP joint region, 0.5cm cystic swelling over the volar ulnar side of the left wrist. Diagnostic impression: bilateral wrist and forearm tendinitis with bilateral carpal tunnel syndrome, bilateral lateral elbow tendinitis, triggering of right thumb, induration of the left CMC joint region, secondary gastrointestinal upset due to medication use for pain relief. Treatment to date: medication management, activity modification, and cortisone injections. A UR decision dated 11/21/14 denied the request for Prilosec/Omeprazole 20mg #60. Even though the patient has been prescribed omeprazole 20mg for management of gastrointestinal upset secondary to medication use since at least 2/24/14, a review of available records do not have any subjective or objective findings of gastrointestinal complaints, including any significant improvement or lack thereof from the use of omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec/Omeprazole 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, it is noted that the provider has discontinued Prilosec and started this patient on a different proton pump inhibitor, Protonix. It is unclear why this request is being made at this time. Therefore, the request for Prilosec/Omeprazole 20mg # 60 was not medically necessary.