

Case Number:	CM14-0218857		
Date Assigned:	01/08/2015	Date of Injury:	04/13/2011
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female with a date of injury as 04/13/2011. The cause of the injury occurred while typing resulting in left hand pain and numbness. The current diagnoses include post tennis elbow release and carpal tunnel release. Previous treatments include medications, right carpal tunnel release, and right elbow debridement partial lateral epicondylectomy. Primary treating physician's reports dated 06/03/2013, permanent and stationary report dated 06/03/2013, doctor's first report of injury or illness, agreed medical examination dated 11/05/2013, and EMG/NCS report dated 10/11/2013 were included in the documentation submitted for review. Report dated 06/03/2013 did not contain any subjective complaints documented. Physical examination revealed right wrist/elbow scars healed, mild hypertrophy, and normal range of motion in the right elbow and wrist. Report dated 11/05/2013 notes that the injured worker's current medication regimen includes estrogen, stomach medication, blood pressure medication, and ibuprofen. Documentation submitted did not reveal any complaints associated with the gastrointestinal system or a current list of medications. Also the documentation received did not contain any recent reports for review. The injured worker is currently working according to documentation received. The undated Doctor's first report of occupational injury or illness was from the physician who ordered the Prilosec and it indicated the injured worker could return to work on 12/15/2014. The injured worker was noted to have left thumb pain and a positive Phalen's test. The utilization review performed on 12/23/2014 non-certified a prescription for Prilosec based on insufficient evidence that the injured worker is

being prescribed NSAID's. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg QTY: 90.00 Refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. Therefore, the injured worker does not currently meet criteria for the requested medication. There is also no frequency listed in the request and there was a lack of documentation indicating the injured worker had a necessity for refills. Given the above, the request for Prilosec 20 mg QTY: 90.00 Refills: 2 is not medically necessary.