

Case Number:	CM15-0018321		
Date Assigned:	02/06/2015	Date of Injury:	06/30/2011
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 35-year-old female injured worker suffered and industrial injury on 6/30/2011. The diagnoses were reflex sympathetic dystrophy of the upper extremity. The diagnostic studies were magnetic resonance imaging. The treatments were physical therapy, acupuncture, injections, and surgery to the right hand 4/2012 and 6/2013. The treating provider reported the pain in the right wrist with radiation to the right upper extremity to shoulder with tingling, numbness and weakness. The injured worker reports it was severe pain and swelling to the right hand and arm. The Utilization Review Determination on 1/20/2015 non-certified: 1. Omeprazole 20 mg, thirty count with two refills, citing MTUS. 2. Promethazine 25 mg, sixty count with two refills, citing OGD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Promethazine 25 mg, sixty count with two refills: 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682284.html>.

Decision rationale: Promethazine is a sedative hypnotic commonly used as an anti-emetic. It is commonly used to treat allergy symptoms as well as prevent nausea and vomiting that may occur with surgery as well as with medications. However, there is no recent documentation of the injured employee having any of these symptoms. As such, this request for promethazine is not medically necessary.